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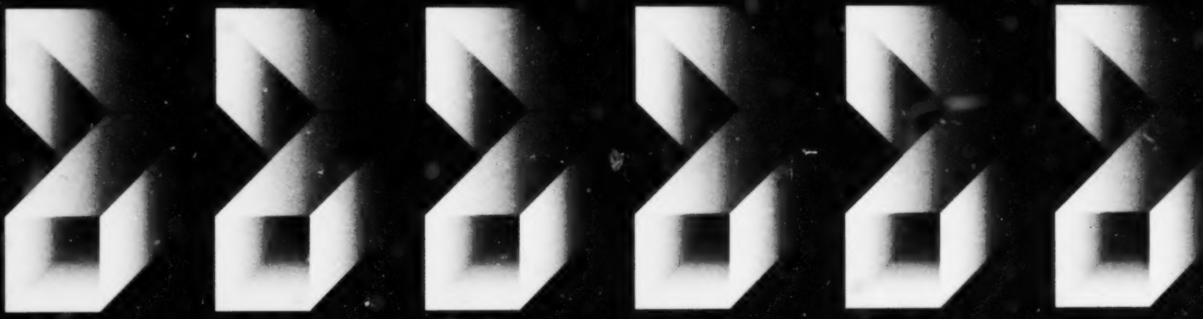

Evaluation of the Division of Aging and Seniors/Seniors Strategy
Revised Evaluation Design Report

June 1996

Canada

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Evaluation of the Division of Aging and Seniors/Seniors Strategy

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June 18, 1996

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CHAPTER 1

INTRODUCTION

This document presents the revised evaluation design report for the *Evaluation of the Division of Aging and Seniors/Seniors Strategy* (DAS/S). Once approved by the client, this document will serve as the blueprint for the conduct of the evaluation. This chapter provides an overview of the evaluation issues. Chapter Two reviews each of the methodologies to be employed in the study. In Chapter Three we present a detailed schedule for the work and the revised person-day allocation table (as established prior to the signing of the contract).

1.1 Objectives of the Evaluation

The evaluation issues can be organized into three broad areas which will direct the development of the methodology and the thrust of the overall evaluation. These are: 1) the continued relevance of the DAS/S in view of the current needs of seniors; 2) the accomplishments from having funded the DAS/S over the past five years, namely on the health, independence and well-being of seniors in general and more particularly of seniors at risk; and 3) possible alternatives to the DAS/S.

In the context of the Auditor General's 1995 Report, in which he states that the Office "will be following up on the evaluation after it is completed, focusing on the extent to which it has provided ... evidence necessary for strategic decisions about continuing, discontinuing or revamping the Seniors Strategy", the need for credible and rigorous evaluation data becomes all the more critical.

(a) Program Relevance

Some of the most challenging and interesting issues lie in the area of program relevance and rationale. Key questions include: Is there a documented need and demand for the program? Does the program continue to be relevant?

It will be important that these questions be framed within the broader context of activities in the area of seniors, particularly those of the provincial/territorial governments, as well as those sponsored and administered by local governments. In this way, an activity or program's relevance is not measured solely in terms of its effects on clients, but the extent to which it duplicates or hampers the delivery of other similar programs is also carefully weighed.

(b) Program Accomplishments

Questions of program accomplishment encompass what Treasury Board has labelled "objectives achievement" issues. These issues pertain to intended impacts and effects for which the program is held accountable. The core question here is: To what extent has the program achieved its stated objectives? This is arguably the most important issue — did the program accomplish the things it was supposed to? The causal attribution of program results to program activities is one of the most demanding of evaluation problems.

It will be important to determine what worked, what did not and why with respect to the achievement of DAS/S objectives, so that the current program can be justified (if it is in fact working well) and future programs of this type can be improved.

The evaluation must address the extent to which the core DAS/S objectives are being achieved. Attributing causal impacts to a program represents one of the most challenging evaluation problems. It involves the notion of *incrementality*, or a test of the *counter factual hypothesis*: What would have happened with respect to these objectives in the absence of the program? The deceptively simple phrasing of this hypothesis masks the methodological complexity of the causal impact question. It requires the evaluator to isolate the impacts attributable to the program, as opposed to a host of other potential influencing factors. Fortunately, there are approaches available to provide credible answers to objectives achievement questions (e.g., consulting with a variety of stakeholders, obtaining the perspective of those who are the intended beneficiaries of the programs, a careful integration of separate lines of evidence). Our approach is described in the next chapter. There are also a series of nuts and bolts issues related to program delivery, as it affects the achievement of objectives.

The evaluation will also examine other unintended impacts (both positive and negative) of the program such as complaints by provinces/others regarding federal involvement (e.g., duplication and overlap), increased demand on federal government expenditures (e.g., projects are not self-sufficient after funding ends).

(c) *Alternatives*

Evaluation questions related to the broad issue of alternatives are very important in light of the current era of fiscal restraint. In the examination of questions surrounding possible alternatives to the DAS/S or its component activities, the evaluation must provide credible responses which will allow program designers and administrators to maintain those programs and activities which provide the greatest value for money, particularly in areas where the federal government is the major provider of seniors programs. At the same time, the evaluation must provide credible evidence which can be used to determine which programs can be reduced, amalgamated or eliminated.

CHAPTER

2

APPROACH AND METHODS

2.1 Overview of Evaluation Questions, Indicators and Methods

Exhibit 2.1 provides a summary of the linkages between the evaluation questions (approved by Health Canada's Associate Deputy Minister on February 14, 1996 as part of the Terms of Reference for this study), indicators and methodologies. In addition, we have estimated the degree of success that we anticipate in answering each of the evaluation questions, given the available sources of evidence and methods proposed. In doing this, we utilized an informal scale ranging from "low" to "moderate" to "high". Based on our professional judgement and past experience in conducting evaluations of this nature, coupled with our current understanding of the available data sources for this evaluation, we decided to assign a rating of "high" to roughly two-thirds of the evaluation questions and a rating of "moderate" to the remaining third. Most of the questions assigned a "moderate" rating ask for evidence of concrete impacts which can be causally attributed to DAS/S activities — a conclusion difficult to make in the present evaluation, given the lack of research design features needed for making causal attributions (e.g., a control group, systematic and comprehensive measurement of pre- and post-intervention performance indicators).

No ratings of "low" have been assigned because we believe that all of the questions can be addressed adequately.

EXHIBIT 2.1
Evaluation, Questions, Indicators and Methods

Evaluation Questions	Indicators	Methods	Expected Degree of Success in Answering Questions
1. Is there still a need for a program dedicated to enhancing the health, independence and well-being of seniors? If so, which groups of seniors and which priority needs should such a program address and why (i.e., on what evidence are these priorities based)?	☐ Unmet needs of seniors ☐ Priorities identified by academics, researchers, service providers, seniors' organizations and seniors in terms of seniors' needs ☐ Specific needs that put seniors at risk ☐ Groups of seniors identified as being at risk	☐ DAS/S Data ☐ Literature Review ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders Interviews ☐ Survey of Beneficiaries ☐ Expert Panel	High
2. Is there a continuing role for the federal government and Health Canada to intervene in the promotion of the health, independence and well-being of seniors? What is the mandate under which the Department acts in this area?	☐ Seniors' unmet needs which have been identified as having a high priority and which come under the federal government's and Health Canada's mandate ☐ Level of priority given by other departments or levels of government, NGOs, business, labour to seniors' issues ☐ Number of other groups supporting seniors-related programming and projects, and levels of support ☐ Extent of complementarity or duplication between DAS/S activities and those of other stakeholders ☐ Level of and need for coordination among the various stakeholders ☐ Level of and need for federal leadership in coordination of activities of various stakeholders	☐ DAS/S Data ☐ Literature Review ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders Interviews ☐ Expert Panel	High

Evaluation Questions	Indicators	Methods	Expected Degree of Success in Answering Questions
3. Has the DAS/S met its short-term goals/objectives, without significant unwanted outcomes[1]? To what extent does the work accomplished to date contribute to the DAS/S's long-term strategic directions?	☐ New knowledge developed enhanced seniors' health, independence and well-being ☐ Integrated policies, programs, services and strategies appropriate for seniors and an aging society are put in place ☐ Seniors are seen as contributors to society ☐ Seniors make better informed choices regarding their health, independence and well-being ☐ Work accomplished to date goes in the direction of DAS/S' long-term strategic directions ☐ Demand for federal government expenditures has not increased as a result of DAS/S ☐ Projects are self-sufficient after end of funding ☐ No overlap of activities ☐ Provinces/others have no complaints regarding federal involvement ☐ Additional resources put into projects by other partners as a result of DAS/S ☐ Activities would not have taken place had it not been for DAS/S	☐ DAS/S Data ☐ Project Evaluations ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders Interviews ☐ Expert Panel	Moderate (indicators #3, #4, #6, #10 difficult)

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[1] Possible unintended effects would include: complaints by provinces/others regarding federal involvement (e.g., duplication, overlap); lack of incrementality; increased demand on federal government expenditures (e.g., projects are not self-sufficient after funding ends).

Evaluation Questions	Indicators	Methods	Expected Degree of Success in Answering Questions
4. To what extent has the DAS/S addressed priority needs of seniors and an aging society?	☐ Priority needs have been identified ☐ Projects and activities address priority issues for seniors (at local, regional and national levels) ☐ Projects and activities target priority groups	☐ DAS/S Data ☐ Project Evaluations ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders Interviews ☐ Survey of Beneficiaries ☐ Expert Panel	High
5. To what extent has the DAS/S had a direct impact on the health, independence and well-being of seniors, including those seniors living in situations of risk?	☐ Specific benefits to seniors' health, independence and well-being ☐ Skills, expertise and knowledge gained by seniors participating in DAS/S projects	☐ DAS/S Data ☐ Project Evaluations ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders and Funding Recipient Interviews ☐ Survey of Beneficiaries ☐ Survey of General Public Clients ☐ Expert Panel	Moderate (because of need to demonstrate "direct impact")
6. To what extent has the DAS/S induced its partners, including seniors, to contribute resources, either financial or in-kind, to collaborative/partnership activities?	☐ Types and levels of resources (people, time, materials, dollars) contributed by partners (including seniors) in activities and projects ☐ Volunteer hours ☐ Types of partners involved in activities and projects	☐ DAS/S Data ☐ Project Evaluations ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders Interviews ☐ Funding Recipients Interviews	High

Evaluation Questions	Indicators	Methods	Expected Degree of Success in Answering Questions
7. To what extent has the DAS/S increased knowledge on, and the number of useful resources available to and for seniors and an aging society?	☐ Better knowledge and understanding of issues related to an aging society ☐ Population making appropriate changes to knowledge, attitudes and behaviour accordingly (across all dimensions of aging) ☐ Positive difference in regard to the health, independence and well-being of seniors ☐ Useful public education and research materials produced ☐ Demand for and distribution of public education materials, research reports, policy and discussion papers ☐ Workshops, meetings, etc., held to disseminate project results ☐ Other resources made available, such as trained and better informed volunteers and other services providers ☐ Skills and expertise gained by seniors participating in DAS/S projects ☐ Networks of researchers created	☐ DAS/S Data ☐ Project Evaluations ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders Interviews ☐ Funding Recipients Interviews ☐ Survey of Beneficiaries ☐ Survey of General Public Clients ☐ Expert Panel	Moderate (indicators #2, #3, #8 difficult to attribute to DAS/S)

Evaluation Questions	Indicators	Methods	Expected Degree of Success in Answering Questions
8. To what extent has seniors community programs funding: ❑ enhanced seniors' health, independence and well-being; ❑ addressed the priority needs of seniors in situations of risk or in danger of being at risk; ❑ supported the development of innovative programming; and ❑ increased the collaboration/ partnership opportunities among seniors, and between seniors and other sectors of society on issues pertaining to seniors and aging issues?	❑ Priority needs of seniors and seniors at risk have been identified ❑ Projects address priority issues for seniors at risk (at local, regional and national levels) ❑ % of seniors at risk reached by projects ❑ Number and % of innovative projects funded (e.g., projects introduce new approaches or address new issues OR are targeted at a different group of seniors OR will take place in a different milieu (rural/urban)) ❑ Range of services addressed by funded projects ❑ Increased networking among seniors and between seniors and other sectors in society (e.g., non-seniors groups, NGOs, various levels of government, business and labour) ❑ Number of collaboration/partnership opportunities created (by type of stakeholder) ❑ Exchange of useful information takes place ❑ Collaboration/partnership opportunities created with groups not previously involved with seniors ❑ On-going collaborations/partnerships created ❑ Projects would not have gone ahead without DAS/S funds	❑ DAS/S Data ❑ Project Evaluations ❑ Federal Interviews ❑ Provincial/Territorial Interviews ❑ Stakeholders Interviews ❑ Funding Recipients Interviews ❑ Survey of Beneficiaries ❑ Expert Panel	High

Evaluation Questions	Indicators	Methods	Expected Degree of Success in Answering Questions
9. What have been the effects of the seniors community funded projects, beyond the direct benefits generated, in terms of continuing/new projects, activities and collaboration/partnership after the initial funding ceased? What were the characteristics of those projects that had on-going benefits?	☐ Percentage of projects resulting in continuing/new projects, activities and partnerships/collaboration (e.g., spin-off projects) ☐ Percentage of projects which became self-sufficient once funding ended ☐ Shared characteristics, critical factors (i.e., lessons learned) ☐ Lessons learned and used by others ☐ Innovations generated by projects	☐ DAS/S Data ☐ Project Evaluations ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders Interviews ☐ Funding Recipients Interviews	High
10. Which DAS/S activities and projects[2] were most effective? What characterized the most effective projects and activities from the less effective ones?	☐ Types of projects/activities which had most positive impact on health, independence and well-being of seniors ☐ Lessons learned from individual activity and project performance in terms of: • priority needs addressed • groups of seniors targeted • objectives achievement • impacts • financial and human resources that were required (e.g., was project over budget?) • strengths and weaknesses of project • level of in-kind and financial resources contributed by partners	☐ DAS/S Data ☐ Project Evaluations ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders Interviews ☐ Funding Recipients Interviews	Moderate (given range of activities and therefore of outcomes, indicator #1 difficult to codify)

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[2] Unless specifically stated, projects are meant to include those from the National Advisory Council on Aging (NACA), the Seniors Independence Research Program (SIRP), and the New Horizons: Partners in Aging Program (NH:PA) (and its predecessors) and internal projects that are undertaken in pursuit of the objectives of the DAS/S.

Evaluation Questions	Indicators	Methods	Expected Degree of Success in Answering Questions
11. Do the various activities of the DAS/S, other departmental activities, and activities outside the Department complement and supplement one another or is there overlap and duplication?	❑ Existence of a coordinated approach with other departments and provinces regarding seniors' issues ❑ Documented overlap or complementarity with other activities that address seniors' issues ❑ Contribution to other strategies at the various government levels (e.g., departmental, federal, provincial, local) ❑ Documented overlap or complementarity with activities under other strategies (e.g., departmental, federal, provincial, local)	❑ DAS/S Data ❑ Literature Review ❑ Federal Interviews ❑ Provincial/Territorial Interviews ❑ Stakeholders Interviews ❑ Expert Panel	High
12. What mechanisms or approaches would be most cost-effective and appropriate for the federal government and Health Canada to pursue in light of governmental and non-governmental priorities and concerns in the area of seniors and aging and in light of diminished resources?	❑ Perceived or real relative importance of various aspects of the DAS/S ❑ Priorities of other sectors ❑ Possible overlap or duplication ❑ Alternatives (e.g., alternative methods, alternative applicants, new core functions for DAS/S, redistribution of functions within federal government, delivery by provinces, privatization, etc.) ❑ Effectiveness of various alternatives in meeting seniors' priority needs ❑ Costing of each alternative, e.g., • salary and operating costs • contribution funds • value of volunteer hours contributed as a result of funded projects • co-investment	❑ DAS/S Data ❑ Literature Review ❑ Federal Interviews ❑ Provincial/Territorial Interviews ❑ Stakeholders Interviews ❑ Expert Panel	High (except for indicator #6 which will depend on quality of extant data)

Evaluation Questions	Indicators	Methods	Expected Degree of Success in Answering Questions
13. What would be the most cost-effective and appropriate structures for supporting these mechanisms or approaches?	☐ Level of priority given by other government departments, other governments, NGOs, business, and labour to supporting activities undertaken by the DAS/S ☐ Extent of complementarity or duplication between DAS/S activities and those of other stakeholders ☐ Level of coordination among the various stakeholders ☐ Level of and need for federal leadership in coordination among the various stakeholders ☐ Costs of various structures considered	☐ DAS/S Data ☐ Literature Review ☐ Federal Interviews ☐ Provincial/Territorial Interviews ☐ Stakeholders Interviews ☐ Expert Panel	High (except for indicator #5 which will depend on quality of extant data)

The data collected to answer these thirteen priority questions will also provide relevant information for addressing, at least to some degree, the other questions identified in the Evaluation Framework.

2.2 Research Design

(a) Planning and Design

The planning and design phase is the first, and perhaps most critical, step in the research process. Consensus on the objectives for the study and the decisions taken in specifying a research design are important in the planning phase of this project so that the client and consultant have a shared understanding of the scope and priorities of the study. Comments and suggestions from the client on our proposed research design, as detailed in this document, have been solicited in order to refine the study methodology.

The terms "independence", "health" and "well-being" occur several times in the list of questions and therefore, will be used on the various interview guides and survey instruments. It has been decided that we will group health and well-being together in questions and ask a separate question with respect to independence. Specific definitions will be sought from various conceptual frameworks to assist the research team.

2.3 File Review

One of the research components for this evaluation consists of file reviews which will provide information on the history of the DAS/S and of specific programs, activities and projects. A five-year period will be applied in the collection of information for review as part of this phase. There are four specific components to the file review exercise:

- ☐ program and project files;
- ☐ administrative systems;
- ☐ project evaluations; and
- ☐ baseline data sources.

To guide the collection of information to be reviewed in this component, we have prepared an outline for the first interim report (which will report on the findings from the literature review and the file review). This revised outline identifies the key issues we propose to address in the file review and is presented in Appendix A.

Program and Project Files

The program and project files will be a significant source of information for background information on the DAS/S. The types of files to be reviewed here will include, for example, Memoranda to Cabinet, Submissions to Treasury Board, briefing notes, general correspondence, and financial records. The review of program and project files would also be expected to contribute to lists of literature to be reviewed as part of this evaluation.

As information contained in the program and project files will contribute to answering the majority of the evaluation questions, a review of administrative records plays an important role in this evaluation. Relevant administrative records will include, but not be limited to applications, projects files, records of meetings, contracts and protocols. While not limited to the following areas, administrative data will be particularly useful in providing information with respect to:

- ☐ funding issues;
- ☐ extent to which activities have changed;
- ☐ examples of partnerships developed; and
- ☐ level and type of contact with clients, stakeholders and communities (e.g., requests).

It is, however, our belief that the collection of information on funding issues is better handled through direct requests for specific information rather than through a review of files. This ensures that all figures received are easily placed in context. Similarly, we expect that the examination of the extent to which activities have changed will also be more efficiently accomplished as a component of interviews with Health Canada personnel rather than through an examination of files.

After reviewing the various indicators in order to determine precisely what information is required, a data collection form has been prepared for the review of project files and a revised version is presented in Appendix B. Modifications may be made, as necessary, as the various program and project files are reviewed.

Administrative Systems

In addition to reviewing program and project files, the file review will also include examination of administrative systems such as:

- ☐ the Contributions Information System, which tracks information for the various funding program streams (and is considered to have reliable information for SIP since 1988, and for NH and Ventures since 1993); and

- ☐ the Seniors Inquiry Tracking System which monitors the correspondence sent to the DAS.

It is our intention to only present tombstone information and summary figures from these administration systems in the reporting. We have already received printouts from the DAS from each of these systems, although more complete information may be required for reporting.

Project Evaluations

A potentially tremendous source of information about the impacts of projects exists in project evaluations conducted as part of the regular business of implementing projects. In addition to information on project success, project evaluations also provide considerable insight into process issues which can assist in addressing questions of cost-effectiveness and alternatives. The original design intended that the evaluation reports from a sample of projects be reviewed. Based on information from program staff, it has become apparent that evaluations do not exist for the majority of projects. Hence, information will be taken from individual project files.

There are four categories for which the DAS will be requested to provide lists of all projects funded or supported in the last five years:

- community projects funded through contributions (estimated at 5,000 projects for the five years although a timeframe of three years will be used instead of five years to facilitate retrieval of information and improve the probability of being able to locate beneficiaries);
- NACA projects (estimated at 85 projects);
- SIRP projects (estimated at 110 projects); and
- other internal projects (estimated at 150 projects).

We have already received lists of all projects except for internal projects. A stratified random sample of the community projects and SIRP projects has already been selected. The stratification attempted to ensure adequate representation of projects within each of the four categories as well as other factors such as geographic distribution, dollar value and time period. We also sampled from both completed and ongoing projects (approximately 70 per cent are completed and roughly 30 per cent are ongoing, across all programs).

The current breakdown of projects is presented in Exhibit 2.2. Exhibit 2.3 presents the sampling strategy. The sampling distribution was not based on any kind of proportionate strategy as that would result in a very unbalanced set of numbers for drawing conclusions. Rather, numbers were chosen to allow a sufficient mass within each cell and to place the bulk of the projects within the NH category as this is where they are most numerous. This breakdown will allow us to speak in general terms about each of the individual types of projects.

EXHIBIT 2.2
Distribution of Projects

	NH:PA	NH	SIP	Ventures	NACA	SIRP	Other Internal Projects
1995-96	143						
1994-95		163	45	13			
1993-94		1,169	123	16			
1992-93		1,543	67				
1991-92		1,631	38				
Overall (91-96)	143	4,506	273	29	85	110	150

EXHIBIT 2.3
Proposed Sampling Distribution

	NH:PA	NH (93-96)	SIP (93-96)	Ventures (93-96)	NACA (91-96)	SIRP (91-96)	Other Internal Projects (91-96)
1995-96	45	-	-	-	5	3	6
1994-95	-	45	20	10	5	9	6
1993-94	-	45	30	10	5	6	6
1992-93	-	20	10	-	5	7	6
1991-92	-	20	10	-	5	5	6
Overall (91-96)	45	130	70	20	25	30	30

The following sections present the distributions within each program type. The suggestions are only roughly proportionate. Another strategy would have been to oversample small cells and undersample large cells in order to have more representation from all provinces. We suggested not to do this as it would give undue weight to less significant areas.

SIRP

A printout has been provided called "Expenditures for projects in the NHRDP" which indicates a total of 143 projects (although the time frame is broader than five years). The files break down into four categories as follow:

1. 36 projects were started and completed before 1991-92;
2. 42 projects were started before 1991-92 and were completed between 1991-92 and 1995-96;
3. 31 projects were started in 1991-92 or later and were completed by the end of 1995-96; and
4. 34 projects were started after 1991-92 and have not yet been completed.

We recommended not looking at any of the projects from the first or second categories (as these were funded prior to the five-year time frame of this study) and sampling from the remaining two categories as follows: 22 from the third category and 8 from the fourth category. In sampling, we categorized the projects according to whether they were in the top or bottom 50 per cent in terms of funding and sampled roughly half for each category from each funding group. Similarly, we attempted to obtain a national representation of projects.

Ventures

There were 13 projects in 1994-95 and 16 projects in 1993-94. We sampled 20 of these projects, 10 from each time period.

Seniors Independence Program

Projects were approved as follow:

1. 45 projects approved in 1994-95;
2. 122 projects approved in 1993-94;
3. 67 projects approved in 1992-93 ; and
4. 38 projects approved in 1991-92.

We sampled 10 projects from 1991-92, 10 from 1992-93, 30 from 1993-94, and 20 projects from 1994-95, with a further categorization in terms of funding level (by thirds) as well as by geographic location.

☐ in 1994-95:

Region	Number Approved	Number to be Sampled
Newfoundland	1	1
Quebec	9	3
Ontario	20	10
Manitoba	4	1
Alberta	6	2

Region	Number Approved	Number to be Sampled
NWT	1	1
National	4	2

- ☐ in 1993-94:

Region	Number Approved	Number to be Sampled
Newfoundland	1	1
Prince Edward Island	6	2
Nova Scotia	12	3
New Brunswick	3	1
Quebec	11	3
Ontario	47	10
Manitoba	10	2
Saskatchewan	10	3
Alberta	2	1
British Columbia	16	3
National	4	1

- in 1992-93:

Region	Number Approved	Number to be Sampled
Newfoundland	2	1
PEI	2	1
Nova Scotia	2	0
New Brunswick	5	1
Quebec	10	1
Ontario	12	1
Manitoba	5	1
Saskatchewan	4	0
Alberta	4	1
British Columbia	14	1
NWT	0	0
Yukon	1	1
National	6	1

- in 1991-92:

Region	Number Approved	Number to be Sampled
Newfoundland	1	1
Prince Edward Island	0	0
Nova Scotia	1	1
New Brunswick	0	0
Quebec	8	1
Ontario	12	1
Manitoba	2	1
Saskatchewan	2	1
Alberta	3	1
British Columbia	3	1
NWT	1	1
Yukon	0	0
National	5	1

New Horizons, New Horizons - Partners in Aging

Projects were approved as follows:

1. 143 projects approved in 1995-96 (New Horizons: Partners in Aging);
2. 163 projects approved in 1994-95 (New Horizons);
3. 1,169 projects approved in 1993-94 (New Horizons);
4. 1,543 projects approved in 1992-93 (New Horizons); and
5. 1,631 projects approved in 1991-92 (New Horizons).

We sampled 45 projects from 1995-96, 45 projects from 1994-95, and 45 projects from 1993-94. As well, we sampled 20 projects from 1992-93 and 20 projects from 1991-92 using lists of series numbers for these two years.

EXHIBIT 2.4
Proposed Provincial Sampling of NH, NH:PA Projects

	1995-96 (NH:PA)		1994-95 (NH)		1993-94 (NH)	
	Population	Sample	Population	Sample	Population	Sample
Nfld	6	2	6	2	30	2
PEI	2	2	1	1	16	1
NS	9	2	3	1	45	3
NB	2	2	1	1	47	3
Que	17	5	89	21	429	12
Ont	37	11	22	7	294	9
Man	11	3	12	3	66	4
Sask	11	3	8	3	44	3
Alta	12	3	16	5	96	4
BC	27	8	0	0	96	4
Yukon	0	0	0	0	1	0
NWT	1	1	1	1	2	0
National	8	3	4	0	3	0
TOTAL	**143**	**45**	**163**	**45**	**1,169**	**45**

NACA Projects

There are approximately 85 projects within the five-year time period, and we will sample 25. The new list of projects divides NACA activities into four different categories. Our intention is to sample across the full five-year period and to attempt to obtain a range of types of projects. We feel, however, that process activities (e.g., Council meetings, Committee meetings) should not be included in the file review.

Other Internal Projects

There are approximately 150 projects within the five-year time period, and we will sample 30. On receipt of the list of 150 projects, we will propose a sampling strategy. Our intention is to sample across the full five-year period and to attempt to obtain a range of types of projects.

Approach

Once projects have been sampled across all project types, Ekos will need access to the contents of the files for each project. We will provide the Division with the list of projects and anticipate that the Division will then be in contact with the regions to arrange for the transmission of particular materials[3]. Several sample files were reviewed to determine which documents would be most useful for this exercise. It may be simplest for each regional office to photocopy the requested contents of each file and transmit this to Ekos. At a minimum we would request all information to enable us to complete the project review form presented in Appendix B and described below.

We expect that there will not be many project evaluations available for the sampled projects. The project file for each selected project will be reviewed (including interim and final reports). When available, each project evaluation report in the sample would be assessed for quality and completeness of information. The revised data collection form was developed to organize the information gathered through the review of these project files to ensure that the information collected is relevant and meaningful and that conclusions can be drawn from this exercise. It should be noted that the review of this many documents can be very time-consuming and the budget allows for less than approximately half-an-hour to be spent on any one project file. Once we have had the opportunity to view the project files it may decided that this provides more than enough time. On the other hand, it may be that this does not permit adequate review of the project files in which case the number to be reviewed may be adjusted or resources from other components reallocated to this task.

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[3] Some project files have already started to arrive.

In addition to the review of project evaluations and files, other documents retained by the DAS which contain evaluative information will also be reviewed. Examples of these types of documents include:

- the SIP Impact Questionnaires (of which there are approximately 50 completed and held at HQ — a report has been prepared on these and will be reviewed);
- the NH:PA Impact Questionnaires (although these have just been distributed, therefore it is not expected that data will be available for the evaluation);
- the Activity and Accounting Reports from New Horizons (although it was indicated at the initial project meeting that these won't be available — clarification on the status of these reports would be helpful); and
- the final reports of other types of projects (e.g., SIRP Symposium, Connections '95, NACA's Public Forum on Seniors and Medication).

Baseline Data Sources

As stated in the RFP, the DAS/S contributed to the planning and the sampling of three surveys:

- ☐ the General Social Survey;
- ☐ Ageing and Independence; and
- ☐ the Elder Monitor.

Information from these three surveys will provide useful baseline data to contribute to the measurement of changes over time for subsequent efforts.

Upon review of the performance indicators developed for the evaluation framework, Ekos will examine the data bases in order to determine from where the necessary baseline data will be obtained. Ekos will conduct new statistical runs and analyses where appropriate and feasible although it has been assumed that the data can be obtained without additional cost.

At the present time we have a copy of the GSS as well as various Statistics Canada publications on the results as well as the summary report on the findings of the Ageing and Independence survey and selected results from the 1995 Elder Monitor. We have not yet been able to obtain a copy of the Ageing and Independence instrument (although individuals at DAS/S are working on this).

2.4 Literature Review

The literature review will provide an essential theoretical component for the evaluation of the DAS/S. The literature and documents will be synthesized and integrated into the study to meet the following objectives:

- ☐ to provide a foundation for the analysis, including current thinking on major trends and issues and the identification of seniors' needs;
- ☐ to benefit from any previous evaluation work on these or similar programs, either here in Canada or in other countries;

- ☐ to refine the study team's understanding of the key issues and facilitate the formulation of questions to be used in the interviews and the surveys; and
- ☐ to allow the evaluation to benefit from any new findings in fields affecting seniors and an aging population, including a focus on possible alternatives to the DAS/S.

The gaps remaining subsequent to the analysis of the literature will identify the major areas where hard data are not available and where future research should be focused.

A particular challenge to the successful and timely completion of the literature review will be staying focused on reviewing literature which pertains *directly* to the evaluation and the evaluation questions. It would be very easy to lose perspective and allow the literature review to expand to a point where a wide range of material is consulted; while interesting and perhaps of importance to each individual topical area, a review of the general research having to do with issues covered under the DAS/S is well beyond the scope of this evaluation project. Similarly, it has been our experience that considerable literature review and synthesis has been carried out by various program elements in the context of regular activities — our goal will be to avoid duplication of effort such that the effort expended here is truly value-added. Hence, it will be critical that the literature gathered for review be carefully assessed by the study team management for its direct relevance to the issues at hand and to ensure that the allocation of resources to this component is adhered to such that the allocations to other components do not have to be reduced to compensate.

Appendix A contains a revised outline for the first interim report (which will report on the findings from the literature review and the file review). This outline identifies the key issues we propose to address in the literature review. This appendix also contains a list of the literature we have already collected and that to which we are aware we would like access. Suggestions on any additional literature not already on these lists but considered important to include are requested. In particular, review articles or other literature reviews would be very helpful as would guidance on locating relevant international literature.

The literature review will be conducted in the early stages of the project. The Request for Proposal contains a listing of several relevant documents which would be consulted at the beginning of this exercise. These documents include:

- ☐ *Aging Well, Living Fully,* the findings from the Aging and Seniors' Policy Review carried out in 1993-94;
- ☐ results from the Program Review exercise currently being carried out by Health Canada;
- ☐ results of the focus group research carried out for the National Framework on Aging in 1995;
- ☐ results of Connections '95 and previous meetings between representatives of seniors' organizations and the Minister; and
- ☐ results from SIRP Symposia/Workshops.

Background literature collected for the preparation of this proposal will also serve as a starting point of the review. Literature we gathered in the context of carrying out focus groups for the DAS last fall will also be accessed. The holdings of the Health Canada libraries will be examined for relevant articles, reports and books which should be reviewed. In addition, academic works will be sought using sophisticated bibliographic and citation indices.

International literature will also be sought, including literature from the United States, the United Kingdom, France, Germany, Australia and from the Scandinavian countries. Contacts will be made early on in the study process to ensure that literature is collected in time for inclusion in the study. We propose to focus the review of international literature on strategies for/evaluations of seniors programs, with a view to using this component to address questions related to alternatives.

Information from the literature review will be included in the final report in the form of a brief introduction to help establish the context for the evaluation and the issues pursued in the data collection. Information from the literature review will also be used throughout the report to support findings from other methods.

2.5 Key Informant Interviews

(a) Approach

We will conduct a total of 120 key informant interviews, 38 of which will be one hour long, face-to-face meetings conducted in the National Capital Region and 82 of which will be one hour long interviews by telephone.

Interviewees will include the following:

- ☐ Federal Government informants —
  - representatives of central agencies such as Treasury Board and the Privy Council Office (two interviews);
  - former and current senior managers at Health Canada (i.e., DG and ADM level) and program staff (including regional staff and Health Canada staff outside the DAS but with whom the DAS staff work in close collaboration) (27 interviews);
  - members of the Interdepartmental Committee on Seniors Issues (six interviews); and
  - former and current members of NACA (five interviews).

- ☐ Provincial/Territorial Government officials (a total of 18 interviews — we propose two from each of Ontario, Quebec, British Columbia, Alberta, Manitoba, Saskatchewan and one from each of Prince Edward Island, Yukon, Northwest Territories, Nova Scotia, New Brunswick and Newfoundland/Labrador);

- ☐ Stakeholders — including interested individuals or groups in the field of aging and seniors issues such as seniors' groups, business, labour, local governments, universities, centres on aging, professional associations, gerontological associations, and international organizations. For example, the International Federation on Aging (IFA), a private non-profit organization linking approximately 100 associations representing seniors might serve as a valuable reference point for relevant organizations, if not as an interviewee themselves. Other examples of potential stakeholders include the Canadian Association on Gerontology and the Active Living Coordinating Centre for Older Adults. A list of Canadian seniors' organizations is also available on the Internet and includes potential interview targets such as the Canadian Association of Retired Persons, the National Pensioners and Senior Citizens Federation, One Voice — The Canadian Seniors Network, and Assemblée des Aînés et Aînées Francophones du Canada. It would also be important to obtain the participation of individuals who have not, are not, and would not benefit from DAS/S funding (as noted in the RFP) however we agree that locating such individuals will be difficult. Nevertheless, efforts will be made to ensure representation of funding recipients, non-recipients and other stakeholders (35 interviews);

- ☐ Funding Recipients — to obtain the perspective of those who have implemented projects, interviews will be conducted with recipients of funding to learn about the impacts of their projects as well as other issues. It would also be beneficial to obtain the views of individuals who have had a recent application for funding turned down such that a more balanced perspective may be obtained (27 interviews, 17 with successful applicants and 10 with unsuccessful applicants). Once the sample of projects is complete, a random sample will be drawn of 40 funding recipients who will then comprise the sample frame for the interviews of successful funding applicants. At the same time, the Division will be asked to provide a list of individuals whose application for funding has been turned (and who have not received other DAS/S funding in the last five years). A random sample of 20 names will be selected from this list to comprise the sample frame for unsuccessful funding applicants.

Exhibit 2.5 summarizes the proposed breakdown of interviews by interviewee type and mode. Appendix C contains a more elaborate table to be completed by the client by June 18 (or earlier if possible) with suggested names of interviewees. This more detailed table contains additional room for the inclusion of alternatives to be interviewed in the event that the original individuals are no longer available.

EXHIBIT 2.5
Interview Distribution

Interviews With:	In Person	Telephone	Overall Total
Central agencies	2	0	2
HC staff	15	12	27
ICS	6	0	6
NACA members	0	5	5
Provincial/territorial governments	0	18	18
Stakeholders	11	24	35
Funding recipients	4	23	27
Total	**38**	**82**	**120**

The early identification of potential interviewees, or contact people to assist in the selection of interviewees, will help keep the project on schedule. In general terms, program staff and managers who have substantial experience with the DAS/S and who can therefore offer some observations and informed opinions regarding program relevance, results to date and cost-effectiveness would be suitable individuals to participate in the evaluation.

With respect to the interviewees from the provinces and territories, given the low number of interviews for each province/territory, it will be crucial that the most appropriate ministries and the most relevant individuals within these ministries are identified for interviews — that is, officials who are significantly involved in the seniors area, familiar with the DAS/S, and able to provide well-informed opinions and observations based on their experience.

A revised draft interview guide, consisting mostly of open-ended questions focused on DAS/S evaluation issues of relevance to the interviewee, has been designed for each major respondent group. These are presented in Appendix D. The finalized guide will be sent (by facsimile) to each interviewee in advance of her/his interview appointment.

The analysis of the interview data will be qualitative. A summary of the findings, by issue, will be prepared for each group of interviewees. These summaries will then be synthesized and presented in the interim evaluation fieldwork report.

2.6 Surveys

In this section we describe our general approach to survey research. This section is followed by specific details for each of the surveys to be undertaken in this evaluation. Some details, however, are the same for both exercises. We have budgeted each survey to last 20 minutes long.

Survey Design

The survey component has begun with the research design phase. Draft survey questionnaires have been prepared in English based on the documentation reviewed to date. The next task will be for the study team to review the draft instrument with the client to ensure that key issues are covered in the surveys. Once is has been confirmed that all critical issues have been captured in the instruments, the questionnaire will be carefully reviewed for content and flow.

The instruments have been designed as forms to be administered by interviewers over the telephone. Questionnaires will be programmed in a Computer Assisted Telephone Interviewing (CATI) program and will be intended to require approximately 20 minutes to administer. This typically encompasses approximately 60-70 items. Fewer items will be included if some open-ended questions are to be included.

Once approved, the instruments will be translated into French. It will be important that the translators are familiar with the subtle nature of survey questionnaire items and translate based on the meaning and intent of the question, rather than its literal translation. We will ensure that the translated questionnaire will be thoroughly reviewed prior to the pretest.

(a) Survey Pretest

Each instrument will be pretested with 8 respondents (4 in English and 4 in French) to simulate the conditions to be encountered during the actual survey. The objective is to test the survey instruments (French and English) in terms of the length of time required for the interviews, as well as to ensure the sequencing and clarity of the questions and that wording and flow are appropriate. Quality and comprehensiveness of the data returned will be closely scrutinized. Pretesting will also be done to examine the response rates. This provides an opportunity to alter aspects of the survey logistics if the need arises.

Using the CATI network system, study team members, including client representatives, can monitor the pretest for a fuller understanding of the survey items and questionnaire flow. Our dual monitoring system allows the interviewer's typed responses and the audio portion of the interview to be followed question by question through the interview. Difficulties encountered by interviewers or respondents are immediately apparent. After each of several short rounds of interviews (2-3), revisions are made. Problems are corrected and then re-tested in this process.

Once the pretest has been completed, survey interviewers involved will be de-briefed about their perceptions of the interview flow and length and difficulties experienced with particular items or categories. Once this de-briefing session takes place the questionnaire is thoroughly reviewed and necessary changes to the order of questions or item wording, skip logic, segues or categories are implemented into the final CATI programming.

The final questionnaire will then be submitted to the client for approval before the fieldwork begins.

2.7 Survey Administration

(a) CATI

Ekos' centralized 65-line CATI system computerizes many of the aspects of survey data collection which would otherwise be dealt with manually. The sample and questionnaire are entered into the computer system and accessed by individual interviewers. A telephone number is provided to an interviewer and the script is read directly from the screen. Survey data are entered directly into the system as interviewing proceeds. Individual measures may be monitored to determine the data quality on an on-going basis and can be altered if the necessity arises at any point during the survey. Direct computerization of data allows for immediate turn around for client deadlines. Open-ended items can be subsequently coded right on the system or translated to a WordPerfect file. The reporting of survey results, including frequencies, open-ended responses, and tables of responses by demographic characteristics or any other key variables may be submitted as often as desired.

An advantage of the CATI system is its sophisticated field quota system. Once the strata have been established, the survey items in question, in this case potentially region and language, are entered in the quota system and the target sample sizes input. As each survey is completed, CATI tallies the appropriate responses. Once a stratum is complete, the interviewing package will not allow a name belonging to that stratum to be surveyed. In this way, the sample can be collected in exactly the intended proportions according to population figures or pre-designed sample specifications. Other socio-demographic characteristics may also be monitored on an on-going basis. Should the need arise at any time during the survey, additional quotas may be established or changed to restrict cases or enforce additional sampling for special cases. Partial results may also be examined weekly or even daily to ensure that the correct proportions are being collected in all areas.

Another use for the CATI system is its capability to import data generated from previous questions into the text of subsequent preambles or actual questions. This makes the interview more natural and the questions easier to answer As mentioned above, data importation will not only improve the flow and wording of the interview, it can also help resolve some of the issues related to memory bias. The questionnaire should also be reviewed keeping in mind that CATI has the capacity to incorporate highly complex skip logic and sophisticated coding of responses. Utilization of both these functions could potentially reduce the number of items asked of certain respondents or reduce the number of open-ended questions in the survey.

(b) Survey Management

Ekos will train 20 of our most experienced interviewers from our pool of over 180 fluently, bilingual members of the survey team. All interviewers have been security-cleared. Study objectives and sampling of the survey, as well as the meaning and intent of specific items in the interview will be thoroughly covered. Practice interviews among the trainees and the survey supervisors will also take place. Interviewers will be supervised at all times to ensure professional conduct and data quality. Ekos' dual audio and visual monitoring system is also in place to verify five per cent of the data collected throughout the survey.

Our approach to contacting sampled individuals ensures a minimum of bias through the use of call-backs. Up to five call-backs (or six total calls) will be made to each selected case in the original sample. Furthermore, we will give each number a "rest" of a minimum of one day before additional contacts are made. Calls which result in a 'No Answer' on more than two consecutive attempts will be rotated to different time periods (i.e., if someone is contacted in the evening during the week, the next calls will be made during the day and on the weekend in order to maximize the potential for reaching each sample member initially selected). Appointments will also be taken at the convenience of the respondent and avoid response bias. If respondents wish for verification of the validity of the survey or would simply prefer to call the survey team back for an appointment, they will be offered our 1-800 number in the Hull survey centre or the name of a pre-designated client representative. Daily records will be kept of calls attempted, successful contacts, appointments established and interviews completed.

It is understood that some respondents will prefer to be interviewed during regular business hours and others will prefer evening interviews. Respondent preferences will be accommodated at all times.

Special measures will be taken for certain sub-populations encountered in the survey. For example respondents who are hearing impaired will be interviewed through the TTY services offered by Bell Canada, whereby questions are typed out for the respondent to read and answer. With respondents for whom English or French is obviously a second language, interviewers will make independent decisions regarding the levels of comprehension and expression of the respondent. If possible, the interview will be conducted very slowly, with some cautious variation in the questionnaire where necessary to avoid confusion due to terminology which poses a difficulty.

(c) Data Base Management

CATI simplifies data base management; the survey data are created in real time as the survey unfolds and each interview is added to the final data base as it is completed. Data editing for telephone surveys is thus relegated to minor coding for the few open-ended and semi-closed items. In the case of all survey components, fully labelled SPSS system files, compatible with Windows version 4.0 will be prepared.

Coding schemes will be developed for open and semi-closed items based on responses to ten per cent of the cases. Trained coding staff review and classify all responses as the interviewing progresses. Final cleaned and coded files are made available with only a one-day lag from the completion of interviews.

Weighting schemes will be developed where necessary to correct for stratification or response bias of the survey data to ensure that data are representative.

Analytical implications of unrepresentative data sets are fundamental and decisions concerning weights will be given serious attention prior to any analysis of the survey findings.

Thoroughly documented data files for the survey data will be prepared, including sensible variable labels and exhaustive and accurate sets of value labels. Command files to create the survey system files will include detailed statements specifying relationships between variables, and determining the proper non-response codes (i.e., "not applicable" or "missing" value codes).

Our CATI statistical companion package "Statxp", allows for the programming of demographic and other independent variable banners within minutes. Each survey item is presented on one page with pertinent cross-tabular information, frequency, and statistical tests. This allows the reader to examine large masses of information in a very digestible format. Exhaustive banners will be programmed for the data and delivered as a technical appendix.

(d) Data Analysis

Basic Survey Results

Ekos will prepare a comprehensive descriptive statistical profile of all survey data. This profile will include two major components: 1) a complete set of univariate statistics on all individual questionnaire items; and 2) a thorough examination of the bivariate relationships — the breakdowns of survey items by variables such as socio-demographic characteristics (e.g., language and region, if feasible) as agreed upon with the client. Descriptive univariate statistics will include the appropriate measures of central tendency (e.g., mean, mode, median), the variances, the frequency distributions (i.e., percentage responses for question categories), and the number of cases.

In addition to the univariate distributions, we will also examine the breakdowns of survey items by key variables and survey groups (e.g., project type). Techniques used will include cross-tabulations.

(e) Details on the Survey of Beneficiaries

The survey of beneficiaries will provide information on the impact of the DAS/S on the lives of the ultimate intended project beneficiaries (i.e., seniors). Specifically, the survey will ask seniors about the benefits they gained from participating in DAS/S projects in terms of their health, independence and well-being, as well as what they see as their most pressing needs, the most important barriers to their independence, and the conditions faced specifically by seniors that could be improved by government action. A revised draft survey instrument is presented in Appendix E.

The first challenge will be in obtaining a sample frame for the conduct of this survey. The intention is that the projects identified for the project evaluation review component of the file review will serve as the base projects for the identification of beneficiaries. Only community funding projects, will be used for the identification of beneficiaries to ensure a clear focus for this component of the evaluation. Combining beneficiaries from the four types of projects would produce a tremendous array of responses from which it will likely be difficult to draw any general conclusions. It is hard to imagine the survey instrument that would be equally appropriate for beneficiaries of a seniors community program, a NACA national study and a SIRP research project. We also feel that the objectives of the survey will be better met through this more refined focus. The perspectives of beneficiaries of the remaining types of projects may possibly be better collected through the key informant interviews with stakeholders. Finally, difficult though it may be to identify project beneficiaries, we feel that beneficiaries of community projects will still be easier to identify than those of NACA and SIRP projects.

Now that projects have been identified, the Division will be in touch with the regions to request access to the project files. At this time, the Evaluation Group will be contacting project sponsors for the selected projects and ask them to provide lists containing the names and telephone numbers of project beneficiaries. The target will be to obtain 1,000 names from which 550 completed telephone interviews could be accomplished. The compilation of the lists of project beneficiaries is an immediate pressure on this study. Given preliminary indications that the collection and retention of this information is not typically carried out at the project level, project managers and sponsors should be notified of the request as early as possible.

(f) Details on the Survey of General Public Clients

The survey of general public clients will provide information on the opinions held about the DAS by individuals who have requested specialized advice, information, materials or referrals from the DAS. Specifically, the survey will ask general public clients about their experiences with the Division or its precursors, and the usefulness of the information provided to them. General public clients who are seniors may also be asked what they see as their most pressing needs, the most important barriers to their independence, and the conditions faced specifically by seniors that could be improved by government action. Clients who fall into the categories of academics, researchers, policy makers, service developers and providers, health professionals, teachers, etc., would be asked similar questions as well as questions about the pertinence of the program and the use made of educational and research materials developed under the DAS/S. A revised draft survey instrument is presented in Appendix F.

Obtaining a sample frame for the conduct of this survey would start from the list maintained by the Division on individuals who have made requests for information (the Seniors Inquiry Tracking System will be accessed for the time periods for which its information is complete). The list categorizes correspondence into three categories: that which goes out under the name of the DAS; that which goes out in the name of NACA; and that which is produced on behalf of the Minister. Individuals on all three sub-lists will be included in the sample. As well, general public clients who made enquiries in writing as well as those who contacted the Division by telephone, fax, e-mail or in person will be included.

If telephone numbers are not available on these lists, our interviewers will begin with phone calls to Directory Assistance and, through the addresses, obtain telephone numbers of potential respondents. It has been estimated that over 4,000 names exist on this list for the last five years. The initial strategy will be to focus on the preceding two years, from which the target will be to select a subset of names (e.g., around 750) from which 300 completed telephone interviews could be accomplished. Current figures indicate that there were approximately 605 pieces of correspondence responded to from January 1995 to April 1996 (this does not include enquiries by telephone, fax, e-mail or in person). Expanding the list to encompass October 1994 through to June 1996 should result in an adequate sample frame (if, in fact, it is decided that correspondence in the name of the Minister and Deputy Minister and in the name of NACA are appropriate to include).

(g) Questions on Rethinking Government

Three closed-ended (or one open-ended) questions will be sponsored on an upcoming Ekos field exercise as part of *Rethinking Government*, a multi-year, on-going study aimed at injecting a societal perspective into the debate about government renewal. Previous iterations of *Rethinking Government* have produced findings such as: seniors are more concerned about crime and abuse than the rest of the population; seniors are most concerned about housing and exhibit fears about losing subsidized housing; seniors are more politically literate than many other subgroups of the population; seniors are most concerned about health, particularly in terms of whether they will be able to pay for health care; and have a higher awareness of the fiscal imperatives for the country.

The three closed-ended (or one open-ended) questions will be added to the *Rethinking Government* instrument for the entire sample (around 3,000 adults). This sample includes approximately 300 respondents who are seniors. The questions to be added could be replications of key questions from the survey of beneficiaries and the survey of general public clients and could provide comparative information (i.e., data from non-involved respondents).

At this stage, it is expected that the three closed-ended questions will focus on the following topics:

- the most pressing needs of seniors;
- the most important barriers to their independence; and
- conditions faced specifically by seniors that could be improved by government action.

These themes will need to be crafted into specific items for inclusion in the *Rethinking Government* instrument. A draft of three potential closed-ended items is presented in Appendix G. It will be important for the client to consider the key objectives for these three questions. We suggest focusing on finalizing the other two surveys first, then examining those instruments to see whether there are items we should replicate.

It is now expected that *Rethinking Government* will go into the field in August, therefore the questions will need to be finalized by the end of July.

2.8 Expert Panel

The input of experts will provide a valuable source of new evidence as well as important guidance on the meaning and implications of other study findings. We see the contributions of the experts, through consultations, as bridging the study findings with the conclusions and recommendations. For this reason, we propose to position the Expert Consultations following the completion of the Draft Final Report. The advantage of this timing is that the data would already be compiled in a form which is readily accessible to the experts thereby making their task more straightforward. Rather than using their allocated time to pour through interim reports to glean their own conclusions, or relying on brief summaries of information which would allow more time for their responses but which would require them to base their answers more on their own background/opinions than on the full evaluation results, having the Draft Final Report provides the optimal balance of concise reporting and provision of complete information.

A number of features characterize our overall approach to working with experts:

- ***appropriate compensation*** — offering an honorarium increases the likelihood that experts will agree to participate and will take the amount of time necessary to process all necessary information;
- ***an efficient use of the experts' time*** — by ensuring that information provided to them is clear and concise and based on the realization that their contribution will be largely influenced by the quality and clarity of the information they receive from the consultants;
- ***a clear articulation of the role of expert and the project team's expectations of them*** — based on the knowledge that what is asked of the experts should correspond to the level of effort they are told to devote to the exercise (i.e., eight to 12 hours); and
- ***respect for the knowledge and experience of the experts*** — demonstrated through senior level communications and careful attention to detail.

The purpose of the consultations with experts is two-fold: to validate and clarify the findings obtained to that point; and to provide suggestions for solutions to problems and recommendations for action. As well, the evaluation team could use the expert panel as a further source of information on areas for which little quantitative data is available.

(a) Approach

The selection of the experts is the key to the success of this component. Our past experience in obtaining the input of experts — whether it be for a Delphi panel, an expert panel discussion, a search conference or a survey — suggests that the following features facilitate the successful identification and recruitment of experts:

- casting the net widely when identifying potential participants by using a "snowball" technique, whereby individuals who are contacted are asked to suggest the names of colleagues who might be able to make a contribution to the study;

- ❑ a clear, concise and professionally presented introduction to the study. First impressions are very important and Ekos uses highly trained, fully bilingual research assistants to conduct the initial round of expert identification; and
- ❑ drawing on the advice, contacts and suggestions of the client and of our own study expert advisor is an efficient way to obtain a first list of contacts and can also provide the study team with a clear indication of the type of expertise that the client expects will be most beneficial to the research.

We propose to obtain the participation of seven (7) experts, with expertise primarily in seniors and aging issues but also in government-stakeholders relationships (e.g., consultation/partnership). While each will be asked to contribute to the study because of their knowledge of one particular field, we expect that collectively the experts will possess in-depth knowledge on all of the evaluation issues. In addition, while it is probably unrealistic to assume that a pool of recognized experts can be assembled who have never received DAS/S and/or Health Canada funding, attempts will be made to balance the representation of funding recipients and those who have never received funding. Specifically, we will attempt to convene a panel in which at least half of the experts have *not* received funding from DAS/S and/or Health Canada[4].

A list of potential experts will be compiled following the design phase of the project, refined during the initial fieldwork, and presented to the client for approval before any expert is actually invited to participate. The Ekos study team will compile a list of names of potential experts uncovered during the file and literature reviews. We will also rely heavily on the advice of our expert advisor as well as of DAS/S personnel in selecting the final group of experts. In order to obtain an international (and independent) perspective on the evaluation issues, we will try to recruit two experts from countries outside of Canada (assuming that the Evaluation Group determines that it is appropriate to send the Draft Final Report outside the country). If there are additional costs as a result of having international experts, these will be recovered by reducing the total honorarium offered to all experts.

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[4] Specifically, we will attempt to have half the experts in a position where they have never received funding from Health Canada. If this is not possible, we will then attempt to have half the experts in a position where they have never received funding from DAS/S.

To summarize, our criteria for selecting expert panellists are as follows:

- ☐ We will recruit seven (7) experts who have expertise in seniors/aging issues, including some who have knowledge/experience in government-stakeholders relationships (e.g., partnership approaches), expertise in the field of population health strategies, experience with provincial/territorial programs in the field of seniors, and/or understanding of impacts of the Canadian Health and Social Transfer. Collectively the expert panellists will have in-depth knowledge of all of the evaluation issues. A review of the draft questionnaire for the experts will provide an indication of the types of questions they will be expected to be able to address.
- ☐ Experts must be able to devote eight to 12 hours to the project.
- ☐ We will focus on recruiting credible experts who can offer an independent and objective review of the study findings, as opposed to lobbyists or advocates of a particular point of view.
- ☐ As a proposed distribution, we will recruit: two (2) experts from Canada who have not received HC or DAS/S funding; three (3) from Canada who may have received funding; and two (2) from other countries who have not received funding.

Individuals who are asked to lend their expertise to the study will be contacted four weeks prior to the mail-out of their information package. Potential experts will be sent an introductory letter by facsimile and then contacted by a senior member of the research team. Experts will be offered a $500 honorarium for their contribution to the study (unless the amount needs to be reduced to accommodate additional expenses for including international experts). Their contribution will involve reading an information package, responding to several written questions and participating in a brief follow-up telephone interview if needed.

The information package which will be sent to the experts will provide a review of the evaluation issues and summaries of the research methodologies and a copy of the Draft Final Report. The package will be assembled in such a way as to minimize the amount of time experts will need to spend in assimilating all of the necessary information. The information package will be submitted to the client for review in advance of being sent to experts, however, there will not be time for substantial revisions to the version of the Draft Final Report which experts will see. Only major inaccuracies, for example, can be rectified at this point.

Experts will be asked to respond to several questions which will be included with the package. A revised questionnaire is presented in Appendix H. Experts will be asked to provide separate responses to each question rather than write a think-piece as we have found that this provides more focused and comparable input to the study. It will also be made clear to experts that the report is in draft form and thus, they would be welcome to critique it if appropriate. If necessary, each expert will also be interviewed over the telephone after they have completed the written responses. The telephone interview will be used to probe for further detail, to obtain clarity on the written responses and as an opportunity to cover any other issues which may have arisen once the various experts' input has started to arrive.

The results of the expert consultations will be reviewed with the client and incorporated into the Second Draft Final Report. A brief summary of the findings of this component will also be prepared as a technical appendix.

2.9 Integrated Analysis

Analyzing information produced by 120 in-depth interviews, two surveys and an expert consultation, and integrating them with the findings of a literature review and a four-component file review is a challenging task which is best accomplished through the application of a very systematic analytical approach.

A summary of the interviews conducted will be prepared by each interviewer. A detailed content analysis of the summaries will be performed to organize the data according to study issues. Differences of opinions among the types of respondents will be carefully noted. Results from the surveys will also be incorporated. The synthesis of information from quantitative exercises such as surveys is often more straightforward to accomplish.

A subsequent second level of analysis will allow the evaluation team to synthesize the data from all of these varied sources into a concise set of study findings. These findings will be presented by evaluation question/issue and provide conclusions which can then be used to produce actionable recommendations for Health Canada. A list of proposed recommendations will be provided for Health Canada's consideration.

CHAPTER

3

PROJECT SCHEDULE

3.1 Project Schedule

Appendix I presents the schedule for the work described in the previous chapter. As per the Request for Proposal and subsequent discussions, the project schedule spans approximately seven months, starting at the beginning of May and ending with the submission of the Final Report in the middle of December.

The first milestone was the submission of the first version of the present document, a Detailed Evaluation Workplan and Schedule on May 17, 1996. Once the workplan and schedule have been approved by the Project Authority, work will begin on the file and literature review and the data base analysis. This stage will culminate with the submission of an Interim Report: File Review, Literature Review and Data Base Analysis on July 26, 1996.

Given concerns about the impact of summer holidays on the field work, the evaluation field work (surveys) will have begun prior to the submission of the First Interim Report (on the File Review, Literature Review and Data Base Analysis). This phase will conclude with the submission of the Interim Report: Evaluation Field Work on September 13, 1996. This will allow about one month to synthesize all findings and prepare the First Draft Evaluation Report (including an executive summary), scheduled to be submitted by October 18, 1996. The Second (Revised) Draft Evaluation Report will be submitted by November 29, 1996, and will reflect comments and suggestions from the Project Authority. By December 13, 1996, all comments from the Project Authority on the Second (Revised) Draft Evaluation Report will have been incorporated and the Final Evaluation Report[5] will be submitted.

In addition to the above-mentioned reports, a written progress report will also be submitted every two weeks, supplemented by a telephone discussion of the project status when necessary. This report will provide information on work done during the reporting period, planned activities for the next period, an assessment of delays from the schedule (and the consequences of those delays) and any areas of concern pertinent to the evaluation. Areas of concern might include difficulties encountered in carrying out the workplan, exceptional findings and important events affecting the evaluation. As well, a presentation or briefing will be given following the submission of each Interim Report. Finally, a set of evaluation working papers will be prepared. These will be appropriately organized, indexed and cross-referenced to the evaluation findings and recommendations.

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[5] Ten bound copies, one unbound copy as well as a diskette version in a valid WordPerfect 5.1 file of the Final Evaluation Report will be submitted to the Project Authority.

3.2 Reporting Mechanism and Project Deliverables

In preparing the various reports associated with evaluation research, our approach will be to present the study methods, findings and conclusions in a clear and concise manner. Iterative consultations with the client during the design, analysis and reporting stages will enhance the quality and utility of our deliverables.

The following reports will be delivered to the Project Authority as part of this contract:

- ☐ ***Detailed Evaluation Workplan.*** This document will serve as the research design and will guide the implementation of the research. Indeed, the workplan will service as a "blueprint" for the research, presenting finalized research issues and indicators and a detailed methodological plan including a specific schedule of critical events.
- ☐ ***Written Progress Reports*** will be delivered to the client every two weeks. They will provide information on work done during the reporting period, planned activities for the next period and any areas of concern pertinent to the evaluation.
- ☐ ***Interim Reports (2)*** will be submitted to provide a detailed summary of the data collection efforts. There will be two of these reports: File Review, Literature Review and Data Base Analysis; and Evaluation Field Work.
- ☐ ***Draft Evaluation Reports (2).*** These documents, which integrate the findings from all study components, will include an introduction to the study, a description of the study methodology, a presentation of the integrated findings, and conclusions. The presentation of findings will be organized by research issue. A draft Executive Summary will also be a feature of these reports. The Second Draft Evaluation Report will also contain a first draft of proposed recommendations for consideration by Health Canada.

- ☐ ***Final Report.*** This document will be a refinement of the Second (Revised) Draft Evaluation Report based on feedback from the Project Authority and Department officials. The Final Report will include the finalized Executive Summary in both official languages.

3.3 Schedule of Deliverables

Exhibit 3.1 presents a schedule of deliverables for the work to be completed, as well as dates associated with completion of each milestone of the project.

EXHIBIT 3.1
Schedule of Deliverables

Deliverables	Date
Detailed Evaluation Workplan and Schedule	May 17, 1996
Interim Report: File Review, Literature Review and Data Analysis	July 26, 1996
Interim Report: Evaluation Field Work	September 13, 1996
First Draft Evaluation Report	October 18, 1996
Second (Revised) Draft Evaluation Report	November 29, 1996
Final Evaluation Report and Presentation	December 13, 1996
Evaluation Working Papers	December 13, 1996

3.4 Revised Person-Day Allocations

The person-days to be allocated to each stage of the work by team members are presented in Exhibit 3.2. These allocations represent the optimal balance of senior and junior time, resulting in cost-efficiency for the client while ensuring the highest level of quality.

EXHIBIT 3.2
Person-Day Allocations

	FG	SB	AM	MC	JR	PB	MB	SR	HC	SW	MA	SS	INT
Workplan	0	1	0	0	0	0	1	0	0	0	0	0	0
Design	0.5	1.5	1.5	1	1	1	1	0	0	0	0	0	0
Literature Review	0	1.5	1	0	0	0	5	5	0	3	0	0	0
File Review	0	1	0	1	2	2	10	10	0	15	0	0	0
Interviews	0	1	0.5	2	6	6	13	13	0	13	0	0	0
Survey - Beneficiaries	0	1.5	0	0	4	0	0	0	2	2	2	8	66
Survey - General Public Clients	0	1.5	0	0	0	4	0	0	2	2	1	4	36
Questions on RG Survey	0	0	0	0	0	0	0	0	0	0	0	0	0
Expert Panel	0	1.5	1	2	2	2	0	0	0	4	0	0	0
Integrated Analysis	0	2	0	4	6	6	6	6	0	3	0	0	0
Integrated Reporting	1.5	6	2	7	7	7	7	7	0	3	0	0	0
Project Administration	0	3	0	0	0	0	0	0	0	0	0	0	0
Presentations and Meetings	0.5	2.5	0	2.5	1	1	0	0	0	0	0	0	0
TOTAL	2.5	24	6	19.5	29	29	43	41	4	45	3	12	102

APPENDIX A
Outline of Interim Report

INTERIM REPORT OUTLINE:
Literature Review, File Review, Data Analysis

1. Introduction

1.1 Methodology

- ☐ What is the quality of the data?

2. Context — based on literature, statistics (including the three surveys — Elder Monitor, Aging and Independence, General Social Survey) and other information focused on the past 5 years (Evaluation Question #1)

2.1 Current situation of seniors in Canada (includes Aboriginal and Ethnic context)

- ☐ What are the demographics (e.g, age, gender, marital status)?
- ☐ What is their economic situation?
- ☐ Do they live in their own homes? with families? in institutions?
- ☐ Do they have a support network (formal or informal)?
- ☐ What is their level of health (i.e., mental, physical and emotional)?
- ☐ What are the attitudes and perceptions of seniors towards themselves and of other Canadians towards them?
- ☐ What is their level of independence (i.e., ability to make their own decisions, having control over where they go and what they do, having dignity, pride and happiness, and delay of certain diseases/disabilities)?
- ☐ What are the barriers to seniors' participation in society/
- ☐ Are there certain groups of seniors that have been left out of special programs for seniors?
- ☐ Do programs such as DAS/S generate by their very nature an image of incompetent seniors who need help?

2.2 Comparison to the current situation of other groups at risk in Canada (e.g., children, Aboriginals, visible minorities, immigrants, economically disadvantaged) (concern of OAG)

- ☐ What is their economic situation?
- ☐ What is their level of health (i.e., mental, physical and emotional)?
- ☐ What are the attitudes and perceptions of these groups towards themselves and of other Canadians towards them?
- ☐ When seniors get ill, are their needs different from other groups?

2.3 Trends over the past ten years (includes Aboriginal and Ethnic context)

- ☐ What improvements have been achieved in Senior's health, well-being and independence?

  - change in age of on-set of diseases
  - types of diseases
  - are seniors living independently longer after the onset of diseases
  - attitudes and perceptions towards health
- ☐ How have attitudes and perceptions of seniors towards themselves and of other Canadians towards them changed over time?
- ☐ Have the financial situations of some groups of seniors improved?
- ☐ Are the trends different for seniors than for other groups at risk?
- ☐ Role of lobby groups in getting changes

2.4 Identification of seniors at risk and current priorities and needs
- ☐ Who are "seniors at risk"?
- ☐ Are there still needs that need to be addressed?
- ☐ What do seniors say are their most pressing needs?
- ☐ What seniors' conditions can be addressed by the federal government?
- ☐ What can the federal government do to reduce their risk?

2.5 Summary

3. Addressing Priorities and Needs

3.1 What is Health Canada's mandate in the field of seniors (from legislative point of view)?
- ☐ What is the mandate under which Health Canada can address these needs? (Evaluation Question #2)

3.2 What is the role of provinces/territories in this field?
- ☐ What has been the impact of the Canadian Health and Social Transfer (CHST) on senior's programming at the provincial level

3.3 Suggestions for addressing these needs
- ☐ What approaches are suggested by the literature?
- ☐ What types of interventions have worked best (e.g., service delivery, policies, demonstration projects, funding of community projects, research partnerships) based on evaluations in the literature?
- ☐ Does the literature say you can have an impact on seniors?
- ☐ Does the literature say how the federal government can have an impact on seniors?
- ☐ What proof is there that a strategy such as DAS/S can make a difference on the health of seniors?

3.4 Summary

4. Program Description of the DAS/S

4.1 (a) History and current context (evolution and change)
- ☐ How did the program start?
- ☐ How does the DAS/S fit into the new Population Health Strategy now and in the future?
- ☐ 1999 — International Year of Seniors

(b) Overall Objectives

4.2 Program elements (will include a review of files retained by DAS/S where appropriate)

(a) Seniors Community Programs Funding — New Horizons, Seniors Independence Program, Ventures in Independence in funding program, New Horizons: Partners in Aging
- ☐ objectives
- ☐ organization and delivery
- ☐ funding priorities
- ☐ activities
- ☐ outputs
- ☐ financial information

(b) Seniors Independence Research Programs
- ☐ objectives
- ☐ organization and delivery
- ☐ funding priorities
- ☐ activities
- ☐ outputs
- ☐ financial information

(c) Policy Coordination and Support to the Minister
- ☐ objectives
- ☐ organization and delivery
- ☐ funding priorities
- ☐ activities
- ☐ outputs
- ☐ financial information

(d) National Advisory Council on Aging
- ☐ objectives
- ☐ organization and delivery
- ☐ funding priorities
- ☐ activities
- ☐ outputs
- ☐ financial information

5. File Review — over a five year period

5.1 Administrative system information (brief description & tombstone statistics only — e.g., number of projects, duration, dollar value, objectives/subject matter, location))

- ☐ Contribution Information System
- ☐ Seniors Inquiry/Tracking System

5.2 Project Evaluations (Evaluation Questions #3 - #10)

(a) Seniors Community Program Funding — New Horizons, Seniors Independence Program, Ventures in Independence in funding program, New Horizons: Partners in Aging

- ☐ needs addressed
  - for example: health, well-being, independence
- ☐ activities (for example)
  - for example: research, dissemination of knowledge (through publications and conferences), services
- ☐ clientele
  - for example: seniors at risk, Aboriginal elders, elders of ethnic background
- ☐ duration of projects
- ☐ results (including project spin-offs)
- ☐ financial and human resources (including in-kind contributions and financial resources from partners, self-sufficiency)
- ☐ strengths and weaknesses
- ☐ impacts and effects

(b) Seniors Independence Research Program

- ☐ subject area
  - for example: health, well-being, independence
- ☐ activities
  - for example: research, dissemination of knowledge (through research findings, monitoring of seniors' health problems, conferences)
- ☐ clientele
  - for example: seniors' representatives, researchers, universities, NGOs, centres on aging, provincial policy makers
- ☐ duration of projects
- ☐ results (including research project spin-offs)
- ☐ financial and human resources (including in-kind contributions and financial resources from partners)
- ☐ time frame of projects
- ☐ strengths and weaknesses
- ☐ impacts and effects

(c) Policy Coordination and Support to the Minister

- ☐ needs addressed

  - for example: through its responsibility to provide expertise and leadership on aging issues, are the needs of seniors (health, well-being, independence) addressed
- ☐ activities
  - for example: development and coordination of federal policies on aging, management of federal and Health Canada activities aimed at seniors, coordination of interdepartmental and federal/provincial/territorial shared initiatives, dissemination of knowledge (through public education campaigns, communications and information services)
- ☐ clientele
  - for example: Minister of Health, other federal government departments, the public, provincial/territorial governments
- ☐ duration of projects
- ☐ results (including project spin-offs)
- ☐ financial and human resources (financial resources from partners)
- ☐ strengths and weaknesses
- ☐ impacts and effects

(d) National Advisory Council on Aging

- ☐ needs addressed
  - for example: health, well-being, independence
- ☐ activities
  - for example: research, dissemination of knowledge (through publications and conferences), provision of support and expertise for policy development
- ☐ clientele
  - for example: Minister of Health, seniors at risk, Aboriginal elders, elders of ethnic background
- ☐ duration of projects
- ☐ results (including project spin-offs)
- ☐ financial and human resources
- ☐ strengths and weaknesses
- ☐ impacts and effects

6. Current Strategies

6.1 Other strategies in Canada (Evaluation Questions #11 and #13)

- ☐ What national/provincial/territorial strategies or national NGO strategies other than DAS/S exist?
- ☐ Are they sufficient?
- ☐ Do they address the needs and priorities of seniors?
- ☐ Do they have similar programs to DAS/S (same objectives, same clientèle)
- ☐ Does the literature indicate whether they are effective? cost-effective?

- Can they be adopted by the federal government?
- Is there duplication?
- Could satisfactory results be achieved if program was delivered by another order of government and at what cost?
- If program continues can its efficiency be improved?
- How do partnerships inthis field/area work? Are they an effective and efficient approach?

6.2 International Strategies

- What strategies/initiatives/programs are in place in the US, UK, France, Germany, Australia and Scandinavian countries (countries identified in RFP)
- Are they sufficient?
- Do they address the needs and priorities of seniors?
- Does the literature indicate whether they are effective? cost-effective?

6.3 Summary

7. Conclusion

7.1 Synthesis of Findings

- What issues need to be addressed in the interviews?

Appendix A: Bibliography
Appendix B: Project Review Guide

Literature Sources for DAS/S Evaluation: Already Acquired

DAS/S

NACA — *The NACA Position on the Image of Aging* (1993)
NACA — *A Quick Portrait of Canadian Seniors: How Many? Men vs. Women? How Old? All Married?* (1993)
NACA — *A Quick Portrait of Canadian Seniors: Living Where?* (1993)
NACA — *A Quick Portrait of Canadian Seniors: Native Elders? Ethnic Seniors?* (1993)
NACA — *Mental Health and Aging* (1991)
NACA — *1989 and Beyond: Challenges of an Ageing Canadian Society* (1989)

NH:PA — *Guide for Applicants*
NH:PA — two page summary of objectives, funding priorities, funding criteria, applications
NH:PA — *Conceptual Framework* (July 1995)

Seniors Directorate, Health Canada — *Valuing our Seniors the Canadian Way*

SIP — *Impact Assessments*

SIRP — *Future Directions for Research on Aging* (March 1996)
SIRP — *Methodological Diversity and Quality in Applied Social and Health Research on Aging and Seniors' Issues* (April 1994)
SIRP — *Putting Research on Aging to Work* (November 1994)
SIRP — *The Challenge of Dementia in Canada — From Research to Practice* (May 1993).

Connections '95

Connections '95: Change, Challenge and Moving On

Evaluation Framework (Nov. 1995)

Evaluation Report — New Horizons

Evaluation Report — Seniors Independence Program

Information Package on Establishment of a New Seniors Directorate within Health Canada

Information on Internal Committee on Seniors

Proceedings from the Invitational Symposium on Continuing Care/Long Term Care (Feb. 8, 1995)

Report on Options for the Possible Merger of Activities Related to the Seniors Strategy within Health Canada (July 1994)

Ekos

Development of a National Framework on Aging (December 1995)

Academia

Armstrong-Esther, C.A. (1994) "Health and Social Needs of Native Seniors" in *Writings in Gerontology: Aboriginal Senior's Issues* (NACA)

Baker, Maureen (1988) *Aging in Canadian Society*

Barer, B.M. (1994) "Men and Women Aging Differently", *International Journal of Aging and Human Development*

Belden and Russonello (1991) *American View Aging: Results of a National Survey Conducted for the Alliance for Aging Research*

Blais, C. (ed.) (1991) *Aging in the Twenty-First Century*

Breytspaak, L.M. (1991) "The Development of Self in Later Life" in *Aging in the Twenty-First Century*

Canadian Social Trends (Winter 1995) *Changes in Cancer Incidence and Mortality*

Canadian Social Trends (Summer 1995) *Visible Minorities: A Diverse Group*

Canadian Social Trends (Autumn 1988) *Living Arrangements of Canada's "Older Elderly" Population*

Chipperfield, J.G. and B. Havens (1992) "A Longitudinal Analysis of Perceived respect Among Elders: Changing Perceptions for Some Ethnic Groups", *Canadian Journal on Aging*

Dall, J. (1991) "Biology and Aging" in *Aging into the Twenty-First Century*

Desjardins, B. and Dumas, J. (1993) *Population Ageing and the Elderly: Current Demographic Analysis*

Gee, E.M. and M.M. Kimball (1987) *Women and Aging*

Health Canada (Fall 1995) *Inventory of Canadian Research Organizations on Aging*

Henderson, J.N. (1994) "Ethnic and Racial Issues" in *Qualitative Methods in Aging Research*

Marshall, V.W. and B.D. McPherson (1993) "Aging Canadian Perspectives", *Journal of Canadian Studies*

National Health and Welfare Canada (1993) *Ageing and Independence: Overview of a National Survey*

Ng, E. (1992) "Children and Elderly People: Sharing Public Income Resources", *Canadian Social Trends*

Payne, B. and L. Strain (1991) "Ethnic Variation in Family Support of the Elderly", summarized in *Caring Communities: Highlights of the Symposium on Social Supports*

Rechnitzer, P.A. (1991) "To age or not to age — That is the question" in *Aging in the Twenty-First Century*

Rockwood, K. et al. (1994) "Frailty in Elderly People: An Evolving Concept", *Canadian Medical Association Journal*

Tandemar Research (1988) *Quality of Life Among Seniors: A Qualitative Study*

Wigdor, B. and L. Plouffe (1992) *Seniors' Independence: Whose Responsibility?* (NACA)

DAS/S Documentation Not Yet Acquired**

1. Results from the Program Review exercise currently being carried out by Health Canada.

2. Results of previous meetings between representatives of seniors' organizations and the minister **aside from** *Connections '95*.

3. Results from the DAS team looking at seniors at risk, including a study conducted by Statistics Canada on this subject using the findings of past surveys (March 1996).

6. Activities of SIRP and the SIRP Advisory Committee.

** As indicated in the RFP to be reviewed during evaluation.

APPENDIX B
Project File Review Data Collection Form

PROJECT FILE REVIEW DATA COLLECTION FORM

Instructions:

When the information requested is set out in a table format, place a check mark by the categories that apply to the project (e.g., if the target group of the project is seniors at risk but not Aboriginal elders, you would put a check mark by seniors at risk and not by Aboriginal elders).

☐ In some instances (e.g., Financial Resources), you will record the actual number or amount by the category that applies.

Where a written response is required, "specify" appears in brackets and additional space has been left to accommodate the information.

Project File Documents

Requested	Received
Funding Approval Form	
Application	
Activity and Accounting Report	
Impact Questionnaire	
Interim Reports	
Quarterly Narratives	
Final Report	
Evaluation Report	

1. Program title (specify)

2. **Project title (specify)**

3. **Name, address and telephone number of funding recipient (for sampling later on)**

4.a. **Duration of projects**

4.b. **Completed** ☐ **Ongoing** ☐

5. **What are the project's objectives?**

6. **What are the needs that this project is addressing?**

Health and Well Being	
Independence (specify)	
Attitudes towards Aging	
Barriers of Seniors Involvement/Participation in Society	
Other (specify):	

7. Who is this project's ultimate target group (i.e., intended beneficiaries)?

Seniors in General	
Seniors at Risk (specify)	
Other (specify):	

8. Who are this projects clients?

	Clients
Seniors:	
Seniors in general	
Seniors at risk	
Other (specify):	
Minister of Health	
Federal Government	
Provinces/Territories	
Seniors Organizations	
Independent Researchers	
Universities	
Centres of Gerontology	
NGOs: National	
Regional	
Local	
Public/consumers	
International Clients	
Other (specify):	

9. What are this project's activities? (Check all that apply)

Providing Services to Seniors (SCP)	
Research	
Conferences	
Workshops	
Monitoring of Seniors' Health Problems	
Dissemination of Information	
Policy Development	
Communications	
Coordinates Seniors Initiatives:	
Federal level	
Provincial/territorial level	
Local level	
Interdepartmental	
Government shared initiatives	
Local level	
Public Education Campaigns	
Knowledge development	
Funding of community projects	
Funding of research programs	
Other (specify):	

10. Has the project contributed to developing innovative approaches?

	Yes	No
Project introduces new approach (specify)		
Project addresses new issue (specify)		
Project targets different groups of seniors (specify)		
Project takes place in different milieu (e.g., rural/urban) (specify)		
Other (specify)		

11. What financial resources has this project required?

Finances:	
DAS/S	
Partners	
In-kind (specify)	
N/A	

12.a. Will the project be self-sufficient once funding ends?

12.b. If yes, what are the other sources of funding?

13. **With whom have partnerships been developed? (Check the appropriate box).**

Partners	Types of Partnerships							
	Joint Decision-Making	Advisory Body	Shared Facilities	Financial Contributions	In-Kind Contributions	Materials	Human Resources	Other (specify)
Federal Government								
Provincial/Territorial Government								
NGOs:								
National								
Regional								
Local								
Seniors Organizations								
Universities								
Centres of Gerontology								
Independent Researchers								
Business								
Other (specify):								
N/A								

14.a. What have been the outputs of this project?

Services Provided to Seniors (specify type)	
Publications (number)	
Research Reports (number)	
Policies	
Other (specify):	
N/A	

14.b. How many and what types of new projects have been created due to the activities of this current project (specify)? Indicate N/A if question does not apply to project.

14.c. How many clients in total have been served (specify)? Indicate N/A if question does not apply to project.

14.d. How many seniors have been served (specify)? Indicate N/A if question does not apply to project.

15.a. Has an evaluation of this project been completed?

Yes	
No	

15.b. What is the quality of the evaluation (specify)?

15.c. Is there any other type of final report?

16.a. What have been the impacts and effects to date (specify)?

16.b. Have there been any unwanted effects?

17.a. What are the strengths and weaknesses of this project (specify only if noted in the file information)?

APPENDIX C
List of DAS/S Interviews

LIST OF DAS/S INTERVIEWS

Status: June 18, 1996

Central Agencies

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1. PCO	Brenda Lundman		957-5085	I	
PCO — Alternate	Christine Blain		957-5344		
2. TBS	Anita Bigus	Program Branch	957-0546	I	
Total					

[1] I=in person; T=telephone.

[2] Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Health Canada Senior Managers and Staff

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1. ADM — HPPB	Kay Stanley	Room 540, Jeanne Mance	954-8524 fax: 954-8529	I	
2. Director of DAS	Susan Fletcher	Room 334, Trebla	957-1967 fax: 957-9938	I	
3. Office of Consultation, Coordination and Partnership Development	Margery Boyce	Room 356, Trebla	941-6642 fax: 957-9938	I	
4. Office of Consultation, Coordination and Partnership Development	Jeanette Bartlett	CCPD Analyst, Population Health Directorate	954-1047 fax: 957-9938	I	
5. Office of Public Affairs	Francine Beauregard	Room 306, Trebla	941-6811 fax: 957-7627	I	
6. Office of Public Affairs	Cal Zacharias	Room 314, Trebla	952-7608 fax: 957-7627	I	
7. Program Development and Management Unit	John Cox	Room 304, Trebla	957-2878 fax: 957-7627	I	
8. Planning and Management Services Office	Nancy Garrand	Room 354, Trebla	954-8536 fax: 957-9938	I	
9. Office of Strategic Policy	Joan Harvey	Room 328, Trebla	954-8599 fax: 957-9938	I	

1. I=in person; T=telephone.

2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
10. Office of Strategic Research	Louise Plouffe	Room 330, Trebla	957-1703 fax: 957-9938	I	
11. Aging-Related Diseases Program	Joan Lindsey	Room 150, LCDC Building	952-4094 fax: 941-5497	I	
12. Atlantic Regional Office				T	
13. Atlantic Regional Office				T	
14. Quebec Regional Office				T	
15. Quebec Regional Office				T	
16. Ontario Regional Office				T	
17. Ontario Regional Office				T	
18. Manitoba/Saskatchewan Regional Office				T	
19. Manitoba/Saskatchewan Regional Office				T	
20. Alberta/NWT Regional Office				T	
21. Alberta/NWT Regional Office				T	
22. BC/Yukon Regional Office				T	

1. I=in person; T=telephone.

2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
23. BC/Yukon Regional Office				T	
24. NHRDP	Darryl Sturtevant	A/Director, Research and Program Policy Directorate, Extramural Research Division, Room 440, Jeanne Mance	954-8555 fax: 954-7363	I	
25. SiRP	Francine Leduc	Note: only works on Fridays	954-8635	I	
26. Health Policy	Frank Fedyk	A/Director, Health System and Policy Division, Policy & Consultation Branch, 10th Floor, Brooke Claxton Building	957-3067	I	
27. Population Health Strategy	Katherine Stewart	A/Director, Program and Policy Analysis, HPPB, room 472, Jeanne Mance	941-5415 fax: 954-5542	I	
Total					

1. I=in person; T=telephone.

2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

HC Senior Managers and Staff: Alternates

Alternate For?	Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1. Kay Stanley	HPPB	Catherine Lane			I	
2.						
3.						
4.						
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[1] I=in person; T=telephone.

[2] Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Alternate For?	Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
15.						
16.						
17.						
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19.						
20.						
Total						

[1] I=in person; T=telephone.

[2] Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Interdepartmental Committee on Seniors Issues

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1.				I	
2.				I	
3.				I	
4.				I	
5.				I	
6.				I	
TOTAL					

[1] I=in person; T=telephone.

[2] Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Interdepartmental Committee on Seniors Issues: Alternates

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1.					
2.					
3.					
Total					

[1] I=in person; T=telephone.

[2] Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

NACA Members

Name	Location	Phone Number	I/T[1]	Status[2]
1.			T	
2.			T	
3.			T	
4.			T	
5.			T	
Total				

NACA Members: Alternates

Name	Location	Phone Number	I/T[1]	Status[2]
1.			T	
2.			T	
3.			T	
Total				

1. I=in person; T=telephone.

2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Provincial/Territorial Government

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1. B.C.					
2. B.C.					
3. B.C. — Alternate					
4. B.C. — Alternate					
5. Yukon					
6. Yukon — Alternate					
7. Alberta					
8. Alberta					
9. Alberta — Alternate					
10. Alberta — Alternate					
11. NWT					
12. NWT — Alternate					
13. Saskatchewan					
14. Saskatchewan					
15. Saskatchewan — Alternate					

1. I=in person; T=telephone.

2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
16. Saskatchewan — Alternate					
17. Manitoba					
18. Manitoba					
19. Manitoba — Alternate					
20. Manitoba — Alternate					
21. Ontario					
22. Ontario					
23. Ontario — Alternate					
24. Ontario — Alternate					
25. Quebec					
26. Quebec					
27. Quebec — Alternate					
28. Quebec — Alternate					
29. N.B.					
30. N.B. — Alternate					
31. N.S.					

[1] I=in person; T=telephone.

[2] Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
32. N.S. — Alternate					
33. Nfld. and Labrador					
34. Nfld. and Labrador — Alternate					
35. P.E.I.					
36. P.E.I. — Alternate					
Total					

[1] I=in person; T=telephone.

[2] Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Stakeholders

Affiliation	Involvement with DAS/S[1]	Name	Location	Phone Number	I/T[2]	Status[3]
1.						
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13.						

[1] P=past; C=current; F=future/E=expert; F=received funding; O=other.

[2] I=in person; T=telephone.

[3] Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Affiliation	Involvement with DAS/S[1]	Name	Location	Phone Number	I/T[2]	Status[3]
14.						
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16.						
17.						
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22.						
23.						
24.						
25.						
26.						
27.						
28.						

1. P=past; C=current; F=future/E=expert; F=received funding; O=other.

2. I=in person; T=telephone.

3. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Affiliation	**Involvement with DAS/S**[1]	**Name**	**Location**	**Phone Number**	**I/T**[2]	**Status**[3]
29.						
30.						
31.						
32.						
33.						
34.						
35.						
Total						

1. P=past; C=current; F=future/E=expert; F=received funding; O=other.

2. I=in person; T=telephone.

3. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Stakeholders: Alternates

Affiliation	Involvement with	Name	Location	Phone Number	I/T[2]	Status[3]
1.						
2.						
3.						
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6.						
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9.						
10.						
11.						
12.						
Total						

1. P=past; C=current; F=future/E=expert; F=received funding; O=other.

2. I=in person; T=telephone.

3. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Successful Funding Applicants

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1.					
2.					
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8.					
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11.					
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14.					
15.					

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1. I=in person; T=telephone.

2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
16.					
17.					
Total					

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1. I=in person; T=telephone.

2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Successful Funding Applicants: Alternates

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Total					

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1. I=in person; T=telephone.
2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Unsuccessful Funding Applicants

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total					

[1] I=in person; T=telephone.

[2] Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

Unsuccessful Funding Applicants: Alternates

Affiliation	Name	Location	Phone Number	I/T[1]	Status[2]
1.					
2.					
3.					
4.					
5.					
Total					

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1. I=in person; T=telephone.

2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

1. I=in person; T=telephone.

2. Status: C=completed; S=interview is scheduled; M=message(s) left, no contact made; /=nothing done to date.

APPENDIX D
Draft Interview Guides

INTERVIEW GUIDE

Health Canada Personnel

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy includes four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, the Seniors Independence Program, Ventures in Independence and the former New Horizons program); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she is not confident enough in answering specific questions.

I. Program Relevance

1. In your opinion, what are the most pressing needs of today's seniors? On what do you base your opinion? Does the Division of Aging and Seniors/ Seniors Strategy have a role in addressing these needs?

2. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion? Does the Division of Aging and Seniors/Seniors Strategy have a role in addressing their needs?

3. Is there a continuing role for the Division of Aging and Seniors/Seniors Strategy to play in:

    ☐ improving and preserving the *health and well-being* of Canadian seniors? What should be this role? On what do you base your opinion?

    ☐ improving and preserving the *independence* (living arrangements, transportation, social life) of Canadian seniors? What should be this role? On what do you base your opinion?

    ☐ increasing society's *understanding and acceptance of seniors*? What should be this role? On what do you base your opinion?

    ☐ *eliminating barriers to the involvement and participation of seniors in society*? What should be this role? On what do you base your opinion?

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[1] Registration Number = HC-002-085-9619

4. Do the activities under the Division of Aging and Seniors/Seniors Strategy *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs or do they *overlap*? If they overlap, in what way?

II. Program Accomplishments

5. What are the impacts and effects of the Division of Aging and Seniors/Seniors Strategy on:

   - ☐ Canadian seniors in general?
   - ☐ At-risk seniors?
   - ☐ Government policies?
   - ☐ Research activities?
   - ☐ Non-government organizations?

6. Is the Division of Aging and Seniors/Seniors Strategy meeting the priority needs of seniors?

7. Has the Division of Aging and Seniors/Seniors Strategy *increased and consolidated knowledge on aging and seniors*? How or why not?

   - ☐ To what extent is this knowledge being shared with, disseminated to other stakeholders and other federal and provincial/territorial departments? How or why not?

   - ☐ Have the research activities supported by the Division of Aging and Seniors/Seniors Strategy met seniors's needs? How?

8. Has the Division of Aging and Seniors/Seniors Strategy provided seniors with the *information they need and the opportunity to make informed choices* on issues that affect their health, independence and well-being? On what do you base your opinion?

9. Have networks between seniors and other sectors of society been developed through the Division of Aging and Seniors/Seniors Strategy? On what do you base your opinion?

10. To what extent has the Division of Aging and Seniors/Seniors Strategy *developed and promoted integrated policies and strategies* that address the needs of seniors for government and non-government organizations? On what do you base your opinion?

11. How would you describe the level of coordination within Health Canada and with other federal departments? Is the coordination as effective as it should be?

12. Have partnerships been developed as a result of Health Canada's activities in the Division of Aging and Seniors/Seniors Strategy?

    ☐ With other levels of government? The private sector? Non-government organizations?
    ☐ Have partnerships been developed between these groups?

13. To what extent has the Division of Aging and Seniors/Seniors Strategy *promoted a positive and realistic image of seniors*? On what do you base your opinion?

14. To what extent has the Division of Aging and Seniors/Seniors Strategy *provided the National Advisory Council on Aging with the support it requires to fulfil its mandate*? On what do you base your opinion?

15. Do you feel the Division of Aging and Seniors/Seniors Strategy reaches all segments/types of seniors "at risk"? How or why not?

16. What would have happened without the Division of Aging and Seniors/Seniors Strategy?

17. Are there any *unintended* effects (positive or negative) of the Division of Aging and Seniors/Seniors Strategy? Specify.

18. What are the overall strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy?

19. To what extent have projects been innovative?

III. Alternatives

20. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

    ☐ Could the responsibilities (e.g., administration) for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs that are currently involved in the initiative or other initiatives similar to this one? Which ones and how?

    ☐ Do you have any ideas for new mechanisms or structures?

    ☐ How does the Division of Aging and Seniors/Seniors Strategy fit in the new direction at Health Canada, i.e., Population Health Strategy?

- ☐ Should Health Canada maintain all or only some of its activities under the Division of Aging and Seniors/Seniors Strategy? Specify which activities Health Canada should definitely retain.
  - In what order of priority would you place these activities?
- ☐ What program areas do you feel have been the most cost-effective? Explain.
- ☐ What program areas have been less cost-effective? Explain.
- ☐ What do you think would happen if Health Canada was not involved in the Division of Aging and Seniors/Seniors Strategy (e.g., in funding)?

21. Do you have any suggestions for our literature review on the cost-effectiveness of various interventions and on various delivery mechanisms?

22. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Funding Recipients

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy includes four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, the Seniors Independence Program, Ventures in Independence and the former New Horizons program); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she is not confident enough in answering specific questions.

I. Background Information

1. In what organization/project are you involved? What are its objectives?

2. From which *Program* of the Division of Aging and Seniors/Seniors Strategy have you received funding?

3. How did you become involved with this Program?

   ☐ What is the nature of your involvement?

II. Program Relevance

4. In your opinion, what are the most pressing needs of today's seniors? On what do you base your opinion? Does the Division of Aging and Seniors/Seniors Strategy have a role in addressing these needs?

5. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion? Does the Division of Aging and Seniors/Seniors Strategy have a role in addressing their needs?

6. Are you familiar with the objectives of the Division of Aging and Seniors/Seniors Strategy?

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[1] Registration Number = HC-002-085-9619

7. Does your project *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs or do they *overlap*? If they overlap, in what way?

8. How satisfied are you with the administrative processes and delivery of the Division of Aging and Seniors/Seniors Strategy? (focus attention on processes, delivery and actual level of funding)

   - ☐ level and type of funding
   - ☐ administrative requirements
   - ☐ technical support

9. Has the project in which you are involved:

   - ☐ contributed to developing innovative approaches which have been replicated elsewhere to improve social and/or health services?
   - ☐ addressed new issues?
   - ☐ targeted different groups of seniors?
   - ☐ taken place in different milieus (e.g., rural/urban)?

10. Were there any spin-off projects?

11. Has the project been (or will it be) able to obtain funding from other sources after the federal funding ceased? From what source?

III. Program Accomplishments

12. Has your project met its objectives?

13. Would your activities have taken place without the Division of Aging and Seniors/Seniors Strategy?

14. Have partnerships been developed as a result of Health Canada's activities in the Division of Aging and Seniors/Seniors Strategy?

   - ☐ With other levels of government? The private sector? Non-government organizations? Please describe partnerships.
   - ☐ Have partnerships been developed between these groups? Please describe partnerships.

15. Do you feel your project reaches all segments/types of seniors "at risk"? How or why not?

16. What are the impacts and effects of your project on Canadian seniors, government policies and organizations?

17. Is your project meeting the priority needs of seniors?

18. Are there any *unintended* effects (positive or negative) of your project? Specify.

19. In your opinion, what are the overall strengths and weaknesses of:

    - ☐ Your project?
    - ☐ The Division of Aging and Seniors/Seniors Strategy?

20. To what extent are your projects cost-effective?

IV. Alternatives

21. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the program?

    - ☐ Could the responsibilities (e.g., administration) for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs that are currently involved in the initiative or other initiatives similar to this one? Which ones and how?
    - ☐ Do you have any ideas for new mechanisms or structures?
    - ☐ Should Health Canada maintain all or only some of its activities under the Division of Aging and Seniors/Seniors Strategy? Specify which activities Health Canada should definitely retain.
        - In what order of priority would you place these activities?
    - ☐ What program areas do you feel have been the most cost-effective? Explain.
    - ☐ What program areas have been less cost-effective? Explain.
    - ☐ What do you think would happen if Health Canada was not involved in the Division of Aging and Seniors/Seniors Strategy (e.g., in funding)?

22. Do you have any more comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Non-funded Groups/Organizations

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy includes four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, the Seniors Independence Program, Ventures in Independence and the former New Horizons program); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she is not confident enough in answering specific questions.

I. Background Information

1. What are your project's objectives?

2. Are you involved with the Division of Aging and Seniors/Seniors Strategy? Specify.

3. Have you ever applied for funding at the Division of Aging and Seniors/Seniors Strategy?

    ☐ If yes, have the reasons you were turned down for funding ever been explained to you? Does this make sense to you?

4. Have you obtained funding from other sources? From where?

5. Will you apply for funding at the Division of Aging and Seniors/Seniors Strategy in the future?

II. Program Relevance

6. In your opinion, what are the most pressing needs of today's seniors? On what do you base your opinion? Does the Division of Aging and Seniors/Seniors Strategy have a role in addressing these needs?

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[1] Registration Number = HC-002-085-9619

7. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion? Does the Division of Aging and Seniors/Seniors Strategy have a role in addressing their needs?

8. Are you familiar with the objectives of the Division of Aging and Seniors/ Seniors Strategy?

9. Do the activities under the Division of Aging and Seniors/Seniors Strategy *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs or do they *overlap*? If they overlap, in what way?

10. Has the project (in which you are involved) contributed to developing innovative approaches which have been replicated elsewhere to improve social and/or health services?

III. Program Accomplishments

11. Has Division of Aging and Seniors/Seniors Strategy *increased and consolidated knowledge on aging and seniors*? How or why not?

12. To your knowledge, have partnerships been developed as a result of Health Canada's activities in the Division of Aging and Seniors/Seniors Strategy?

13. Does your project reach all segments/types of seniors "at risk"? Which types and how?

14. What are the impacts and effects of your project on Canadian seniors, government policies and organizations?

15. Is your project meeting the priority needs of seniors?

16. What would have happened without the Division of Aging and Seniors/ Seniors Strategy?

17. Are there any *unintended* effects (positive or negative) of the Division of Aging and Seniors/Seniors Strategy? Specify.

18. In your opinion, what are the overall strengths and weaknesses of:

    ☐ Your project?
    ☐ The Division of Aging and Seniors/Seniors Strategy?

IV. Alternatives

19. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the program?

- ☐ Could the responsibilities (e.g., administration) for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs that are currently involved in the initiative or other initiatives similar to this one? Which ones and how?
- ☐ Do you have any ideas for new mechanisms or structures?
- ☐ Should Health Canada maintain all or only some of its activities under the Division of Aging and Seniors/Seniors Strategy? Specify which activities Health Canada should definitely retain.
  - In what order of priority would you place these activities?
- ☐ What program areas do you feel have been the most cost-effective? Explain.
- ☐ What program areas have been less cost-effective? Explain.
- ☐ What do you think would happen if Health Canada was not involved in the Division of Aging and Seniors/Seniors Strategy (e.g., in funding)?

20. Do you have any more comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Central Agencies

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy includes four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, the Seniors Independence Program, Ventures in Independence and the former New Horizons program); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she is not confident enough in answering specific questions.

1. How important do you feel it is for the federal government to be involved in trying to:

   ☐ improve and preserve the health, independence and well-being of Canadian seniors;
   ☐ increase society's understanding and acceptance of seniors; and
   ☐ eliminate barriers to the involvement and participation of seniors in society.

2. Is there a continuing role for Health Canada in each of these activities?

3. Are there other areas concerning seniors in which Health Canada should be more involved (priority needs; special groups)?

4. Do you feel that Health Canada's role of coordinating the Division of Aging and Seniors/Seniors Strategy and administering the majority of its programs is a good/appropriate role for it to be playing?

   ☐ How well do you feel it has carried out this role — at the interdepartmental level and within Health Canada?

5. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

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[1] Registration Number = HC-002-085-9619

- ☐ Could the responsibilities (e.g., administration) for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs that are currently involved in the initiative or other initiatives similar to this one? Which ones and how?
- ☐ Do you have any ideas for new mechanisms or structures?
- ☐ How does the Division of Aging and Seniors/Seniors Strategy fit in the new direction at Health Canada, i.e., Population Health Strategy?
- ☐ Should Health Canada maintain all or only some of its activities under the Division of Aging and Seniors/Seniors Strategy? Specify which activities Health Canada should definitely retain.
    - In what order of priority would you place these activities?
    - Which of these approaches appear most cost-effective? On what do you base your opinion?
- ☐ Overall, what program areas do you feel have been the most cost-effective? Explain.
- ☐ What program areas have been less cost-effective? Explain.
- ☐ What do you think would happen if Health Canada was not involved in the Division of Aging and Seniors/Seniors Strategy (e.g., in funding)?

6. To what extent do you feel the Division of Aging and Seniors/Seniors Strategy is meeting its objectives?
7. What are the strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy overall?
8. The Division is mandated to act as a coordinating/focal point within the federal government. In this sense, do you feel that the level of coordination is appropriate?
9. What impact do you believe government cuts would have on the capacity of the Division of Aging and Seniors/Seniors Strategy to meet its objectives?
10. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Provincial/Territorial Government Officials and IDCSI

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy includes four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, the Seniors Independence Program, Ventures in Independence and the former New Horizons program); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she is not confident enough in answering specific questions.

I. Program Relevance

1. Are you familiar with the objectives of the Division of Aging and Seniors/ Seniors Strategy?

2. In your opinion, what are the most pressing needs of today's seniors? On what do you base your opinion? Does the Division of Aging and Seniors/ Seniors Strategy have a role in addressing these needs?

3. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion? Does the Division of Aging and Seniors/Seniors Strategy have a role in addressing their needs?

4. Is there a similar initiative aimed at seniors in your province/territory? What is its objective and who is involved?

5. Has your approach changed due to Health Canada's activities under the Division of Aging and Seniors/Seniors Strategy? If so, how has your approach changed?

6. Have the activities of other stakeholders (e.g., non-governmental organizations) also changed due to Health Canada's activities under the Division of Aging and Seniors/Seniors Strategy?

   ☐ Have the changes been positive or negative? Examples?

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7. Do the activities under the Division of Aging and Seniors/Seniors Strategy *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs or do they *overlap*? If they overlap, in what way?

8. Is there a coordination role for the federal government? How has it done so far in this area?

9. How important do you feel it is for the federal government to be involved in trying to:

    ☐ improve and preserve the health, independence and well-being of Canadian seniors;
    ☐ increase society's understanding and acceptance of seniors; and
    ☐ eliminate barriers to the involvement and participation of seniors in society.

II. Program Accomplishments

10. To what extent do you feel the Division of Aging and Seniors/Seniors Strategy is meeting his objectives? Please link your answer to specific objectives.

11. Is it meeting the priority needs of seniors?

12. Do you feel the Division of Aging and Seniors/Seniors Strategy reaches all segments/types of seniors "at risk"? How or why not?

13. What are the impacts and effects of the Division of Aging and Seniors/Seniors Strategy on Canadian seniors, government policies and organizations?

    ☐ Have partnerships been developed as a result of Health Canada's activities in the Division of Aging and Seniors/Seniors Strategy?

    ☐ The Division is mandated to act as a coordinator between the federal government and the provinces/territories. In this sense, do you feel that the level of coordination is appropriate?

14. What would have happened without the Division of Aging and Seniors/Seniors Strategy?

    ☐ Would your activities have taken place without the Division of Aging and Seniors/Seniors Strategy?

15. Are there any *unintended* effects (positive or negative) of the Division of Aging and Seniors/Seniors Strategy? Specify.

16. What are the overall strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy?

17. To what extent have projects been innovative?

18. What have been the impacts of the Canadian Health and Social Transfer (CHST) on your programming for seniors?

III. Alternatives

19. Given the involvement of other federal government departments, provincial/territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

    - ☐ Could the responsibilities (e.g., administration) for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs that are currently involved in the initiative or other initiatives similar to this one? Which ones and how?
    - ☐ Do you have any ideas for new mechanisms or structures?
    - ☐ Should Health Canada maintain all or only some of its activities under the Division of Aging and Seniors/Seniors Strategy? Specify which activities Health Canada should definitely retain (e.g., coordination, leadership).
        - In what order of priority would you place these activities?
    - ☐ What program areas do you feel have been the most cost-effective? Explain.
    - ☐ What program areas have been less cost-effective? Explain.
    - ☐ What do you think would happen if Health Canada was not involved in the Division of Aging and Seniors/Seniors Strategy (e.g., in funding)?

20. Do you have any suggestions for our literature review on the cost-effectiveness of various interventions and on various delivery mechanisms?

21. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

Stakeholders

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy includes four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, the Seniors Independence Program, Ventures in Independence and the former New Horizons program); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she is not confident enough in answering specific questions.

I. Background Information

1. What are the objectives and/or primary focus of your organization?

2. Are you/is your organization currently involved with Division of Aging and Seniors/Seniors Strategy? Have you ever been involved with DAS/S?

   ☐ With what Division of Aging and Seniors/Seniors Strategy program are you involved? What is the nature of your involvement?

3. Do you/your organization currently receive funds from the Division of Aging and Seniors/Seniors Strategy?

   ☐ Have you ever received funding? Have you ever applied for funding?

II. Program Relevance

4. In your opinion, what are the most pressing needs of today's seniors? On what do you base your opinion? Does the Division of Aging and Seniors/Seniors Strategy have a role in addressing these needs?

5. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion? Does the Division of Aging and Seniors/Seniors Strategy have a role in addressing their needs?

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6. Are you familiar with the objectives of the Division of Aging and Seniors/ Seniors Strategy?

7. Is there a continuing role for the Division of Aging and Seniors/Seniors Strategy to play in:

   - ☐ improving and preserving the *health, independence and well-being* of Canadian seniors? What should be this role? On what do you base your opinion?

   - ☐ increasing society's *understanding and acceptance of seniors*? What should be this role? On what do you base your opinion?

   - ☐ *eliminating barriers to the involvement and participation of seniors in society*? What should be this role? On what do you base your opinion?

8. Do the activities under the Division of Aging and Seniors/Seniors Strategy *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs or do they *overlap*? If they overlap, in what way?

9. What are the impacts and effects of the Division of Aging and Seniors/Seniors Strategy on Canadian seniors, government policies and organizations?

   - ☐ Has it met the priority needs of seniors?

   - ☐ Is it supporting innovative projects? In what way?

10. Do you feel the Division of Aging and Seniors/Seniors Strategy reaches all segments/types of seniors "at risk"? How or why not?

III. Program Accomplishments

11. Has Division of Aging and Seniors/Seniors Strategy *increased and consolidated knowledge on aging and seniors*? How or why not?

   - ☐ To what extent is this knowledge being shared with, disseminated to other stakeholders and other federal and provincial/territorial departments? How or why not?

   - ☐ Have the research activities supported by Division of Aging and Seniors/Seniors Strategy met seniors's needs? How?

12. Has the Division of Aging and Seniors/Seniors Strategy provided seniors with the *information they need and the opportunity to make informed choices* on issues

that affect their health, independence and well-being? On what do you base your opinion?

13. Have networks between seniors and other sectors of society been developed through the Division of Aging and Seniors/Seniors Strategy? On what do you base your opinion?

14. To what extent has the Division of Aging and Seniors/Seniors Strategy *developed and promoted integrated policies and strategies* that address the needs of seniors for government and non-government organizations? On what do you base your opinion?

15. Have partnerships been developed as a result of Health Canada's activities in the Division of Aging and Seniors/Seniors Strategy?

    ☐ With other levels of government? The private sector? Non-government organizations?
    ☐ Have partnerships been developed between these groups?

16. To what extent has the Division of Aging and Seniors/Seniors Strategy *promoted a positive and realistic image of seniors*? On what do you base your opinion?

17. Is the Division of Aging and Seniors/Seniors Strategy meeting the priority needs of seniors?

18. What would have happened without the Division of Aging and Seniors/ Seniors Strategy?

19. Are there any *unintended* effects (positive or negative) of the Division of Aging and Seniors/Seniors Strategy? Specify.

20. What are the overall strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy?

IV. Alternatives

21. Given the involvement of other federal government departments, provincial/ territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

    ☐ Could the responsibilities (e.g., administration) for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs that are currently involved in the initiative or other initiatives similar to this one? Which ones and how?

- ☐ Do you have any ideas for new mechanisms or structures?
- ☐ Should Health Canada maintain all or only some of its activities under the Division of Aging and Seniors/Seniors Strategy? Specify which activities Health Canada should definitely retain.
    - In what order of priority would you place these activities?
- ☐ What program areas do you feel have been the most cost-effective? Explain.
- ☐ What program areas have been less cost-effective? Explain.
- ☐ What is the most cost-effective approach from your point of view?
- ☐ What do you think would happen if Health Canada was not involved in the Division of Aging and Seniors/Seniors Strategy (e.g., in funding)?

22. Do you have any suggestions for our literature review on the cost-effectiveness of various interventions and on various delivery mechanisms?

23. Do you have any more comments?

THANK YOU FOR YOUR PARTICIPATION

INTERVIEW GUIDE

NACA Members

Ekos Research Associates Inc. has been commissioned by Health Canada to conduct an evaluation of the success and continued relevance of the Division of Aging and Seniors/Seniors Strategy (DAS/S) as well as to identify possible alternatives to the strategy[1]. The Division of Aging and Seniors/Seniors Strategy includes four program elements: 1) Seniors Community Programs Funding (i.e., New Horizons: Partners in Aging, the Seniors Independence Program, Ventures in Independence and the former New Horizons program); 2) Seniors Independence Research Program; 3) Policy Coordination and Support to the Minister; and 4) National Advisory Council on Aging.

The purpose of this interview is to obtain views on the impacts and overall relevance of the Division of Aging and Seniors/Seniors Strategy. The respondent should feel free to tell the interviewer if he/she is not confident enough in answering specific questions.

I. Program Relevance

1. In your opinion, what are the most pressing needs of today's seniors? On what do you base your opinion? Does the Division of Aging and Seniors/ Seniors Strategy have a role in addressing these needs?

2. In your opinion, what groups can be considered as "at-risk" seniors? On what do you base your opinion? Does the Division of Aging and Seniors/Seniors Strategy have a role in addressing their needs?

3. Do the activities under the Division of Aging and Seniors/Seniors Strategy *supplement or complement* the activities of other federal or provincial/territorial departments or NGOs or do they *overlap*? If they overlap, in what way?

4. Is there a continuing role for the Division of Aging and Seniors/Seniors Strategy to play in:

   ☐ improving and preserving the *health, independence and well-being* of Canadian seniors? What should be this role? On what do you base your opinion?

   ☐ increasing society's *understanding and acceptance of seniors*? What should be this role? On what do you base your opinion?

   ☐ *eliminating barriers to the involvement and participation of seniors in society*? What should be this role? On what do you base your opinion?

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II. Program Accomplishments

5. What are the impacts and effects of the Division of Aging and Seniors/Seniors Strategy on Canadian seniors, government policies and organizations in general?

6. Is the Division of Aging and Seniors/Seniors Strategy meeting the priority needs of seniors?

7. Do you feel the Division of Aging and Seniors/Seniors Strategy reaches all segments/types of seniors "at risk"? How or why not?

8. Has Division of Aging and Seniors/Seniors Strategy *increased and consolidated knowledge on aging and seniors*? How or why not?

    - ☐ To what extent is this knowledge being shared with, disseminated to other stakeholders and other federal and provincial/territorial departments? How or why not?

    - ☐ Have the research activities supported by Division of Aging and Seniors/Seniors Strategy met seniors's needs? How?

9. Has the Division of Aging and Seniors/Seniors Strategy provided seniors with the *information they need and the opportunity to make informed choices* on issues that affect their health, independence and well-being? On what do you base your opinion?

10. Have networks between seniors and other sectors of society been developed through Division of Aging and Seniors/Seniors Strategy? On what do you base your opinion?

11. To what extent has the Division of Aging and Seniors/Seniors Strategy *developed and promoted integrated policies and strategies* that address the needs of seniors for government and non-government organizations? On what do you base your opinion?

12. To what extent has the Division of Aging and Seniors/Seniors Strategy *promoted a positive and realistic image of seniors*? On what do you base your opinion?

13. Are there any *unintended* effects (positive or negative) of the Division of Aging and Seniors/Seniors Strategy? Specify.

14. What are the overall strengths and weaknesses of the Division of Aging and Seniors/Seniors Strategy?

15. To what extent has the Division of Aging and Seniors/Seniors Strategy provided the National Advisory Council on Aging with:

    - ☐ Research support
    - ☐ Policy support
    - ☐ Communications support
    - ☐ Administrative support

16. Do you feel NACA has contributed to achieving Strategy objectives? Examples?

17. What would have happened without the Division of Aging and Seniors/ Seniors Strategy?

18. To what extent have projects been innovative?

III. Alternatives

19. Given the involvement of other federal government departments, provincial/ territorial governments and non-government organizations, do you feel Health Canada should continue to maintain all of its activities under the Division of Aging and Seniors/Seniors Strategy?

    - ☐ Could the responsibilities (e.g., administration) for some of these programs and activities be handed over to other federal departments, provincial/territorial governments, local governments or NGOs that are currently involved in the initiative or other initiatives similar to this one? Which ones and how?

    - ☐ Do you have any ideas for new mechanisms or structures?

    - ☐ How does the Division of Aging and Seniors/Seniors Strategy fit in the new direction at Health Canada, i.e., Population Health Strategy?

    - ☐ Should Health Canada maintain all or only some of its activities under the Division of Aging and Seniors/Seniors Strategy? Specify which activities Health Canada should definitely retain.

        - In what order of priority would you place these activities?

    - ☐ What program areas do you feel have been the most cost-effective? Explain.

    - ☐ What program areas have been less cost-effective? Explain.

- ☐ What do you think would happen if Health Canada was not involved in the Division of Aging and Seniors/Seniors Strategy (e.g., in funding)?

20. Do you have any other comments?

THANK YOU FOR YOUR PARTICIPATION

APPENDIX E
Draft Instrument: Survey of Beneficiaries

Survey of Project Participants (v.2)

INTRODUCTION

Hello, may name is ___ and I work for Ekos Research Associates. We have been hired by Health Canada to conduct an evaluation of the department's aging and seniors programs. This study will gather opinions about the different programs offered by the government to assist seniors and about the priorities for the federal government in the future.
Your participation in this survey is completely voluntary and refusal to participate will not affect any services which you may receive from the government now or in the future. All the information you provide will be protected under the Privacy Act and you can request the report under the Access to Information Act. The interview will take about 20 minutes of your time.
Is this a convenient time?
@invit (1=yes, 2=no)

1: **INVIT**

Introduction

01	Yes	1	
02	No	2	=> INT

2: **INTR3**

First, I'd like to confirm our information. According to our records, in the past five years, you participated in a federally funded project or received a service called <proj > through the <spon >. Is that correct?

01	Yes	1	
02	No	2	=> INT

3: **DESCP**

Please briefly describe the nature of your participation in this project.

01	Response	01
02	DK/NR	9

4: **GETOU**

Thinking about all of your involvement in this project, what did you personally get out of participating in the <proj >?

01	Response	01
02	DK/NR	99

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5: **OVERL**

How satisfied were you OVERALL with the <proj >. Would you say you were extremely satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied or extremely dissatisfied?

01	Extremely satisfied	1
02	Satisfied	2
03	Neither satisfied nor dissatisfied	3
04	Dissatisfied	4
05	Extremely dissatisfied	5
06	DK/NR	9

6: **REAS**

=> +1 if OVERL=#3-#5

What was the main reason you were extremely satisfied/dissatisfied?

01	Response	01
02	DK/NR	99

7: **ALTEN**

Do you think you could have been involved in the same type of service or program from some other group or agency in your community?

01	Yes	1
02	No	2
03	DK/NR	9

8: **HEATH**

There are many different types of benefits of seniors' programs. I'd like you to tell me whether your participation in the <proj > had any of the following benefits for you.

9: **HEA1**

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did the project help you: to maintain or improve your overall physical health. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

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10: **HEA2**

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did the project help you to: cope with the stress in your life. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

11: **HEA3**

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did the project help you to: meet people or to keep in touch with friends and family. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

12: **HEA4**

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did the project help you to: remain living where you want to live. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

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13: **HEA5**

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did the project help you to: keep active in the leisure activities you enjoy. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

14: **OTHER**

Not including the <proj >, do you participate in any other programs or receive any services for seniors?

01	Yes	1	
02	No	2	=> +2
03	DK/NR	9	

15: **KINDS**

What kinds of programs or services do you receive?

01	Assistance with housework	01
02	Help with meals	02
03	Transportation	03
04	Social activities/club/drop-in centre	04
05	Fitness/sport	05
06	Other (specify)	06
07	DK/NR	99

16: **NEEDS**

There are many different kinds of programs and services that people may require as they get older. How much would YOU personally would need the following types of seniors programs or services now or in the near future. Please use a scale, indicating whether, for you, these services would be: needed a great deal, needed quite a bit, needed somewhat, needed a little or not needed at all.

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17: **SEC**

MESSAGE: ...rated level of need for programs and services

...a financial assistance program

01	Needed a great deal	1
02	Needed quite a bit	2
03	Needed somewhat	3
04	Needed a little	4
05	Not needed at all	5
06	DK/NR	9

18: **SUPP**

MESSAGE: ...rated level of need for programs and services

....household support services (e.g., assistance with housework, repairs, yard work)

01	Needed a great deal	1
02	Needed quite a bit	2
03	Needed somewhat	3
04	Needed a little	4
05	Not needed at all	5
06	DK/NR	9

19: **HOUS**

MESSAGE: ...rated level of need for programs and services

....housing for seniors

01	Needed a great deal	1
02	Needed quite a bit	2
03	Needed somewhat	3
04	Needed a little	4
05	Not needed at all	5
06	DK/NR	9

20: **HEAL**

MESSAGE: ...rated level of need for programs and services

....health care coverage for seniors (e.g., out-of-province, prescription drugs)

01	Needed a great deal	1
02	Needed quite a bit	2
03	Needed somewhat	3
04	Needed a little	4
05	Not needed at all	5
06	DK/NR	9

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21: MOB

MESSAGE: ...rated level of need for programs and services

.....services to help seniors get around (e.g., transportation, accessible facilities)

01	Needed a great deal	1
02	Needed quite a bit	2
03	Needed somewhat	3
04	Needed a little	4
05	Not needed at all	5
06	DK/NR	9

22: SOC

MESSAGE: ...rated level of need for programs and services

....programs or services to help seniors meet other people

01	Needed a great deal	1
02	Needed quite a bit	2
03	Needed somewhat	3
04	Needed a little	4
05	Not needed at all	5
06	DK/NR	9

23: LONG

MESSAGE: ...rated level of need for programs and services

.....a longer term care facility

01	Needed a great deal	1
02	Needed quite a bit	2
03	Needed somewhat	3
04	Needed a little	4
05	Not needed at all	5
06	DK/NR	9

24: HOMEC

MESSAGE: ...rated level of need for programs and services

.....home care nursing services

01	Needed a great deal	1
02	Needed quite a bit	2
03	Needed somewhat	3
04	Needed a little	4
05	Not needed at all	5
06	DK/NR	9

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25: AIDS

MESSAGE: ...rated level of need for programs and services

....mobility aids such as walkers or wheelchairs

01	Needed a great deal	1
02	Needed quite a bit	2
03	Needed somewhat	3
04	Needed a little	4
05	Not needed at all	5
06	DK/NR	9

26: OTHNE

Are there any other needs you can think of that I haven't mentioned?

01	Response	01
02	No other needs mentioned	98
03	DK/NR	99

27: BARR1

What do you think is the biggest barrier to your independence and well-being?

01	Lack of financial security/income or pension low	01
02	Lack of household support services (help with chores)	02
03	Lack of affordable housing	03
04	Lack of accessible housing	04
05	Lack of extended family	05
06	Lack of health care coverage	06
07	Lack of accessible transportation	07
08	Lack of social relationships/loneliness/isolation	08
09	Lack of mobility aids	09
10	Fear of crime	10
11	Other	11
12	DK/NR	99

28: RESP

In the area of aging and seniors issues overall, who do you think should have primary responsibility. Should it be...

01	Federal government	1
02	Provincial government	2
03	Local government	3
04	Non-profit or voluntary organizations	4
05	Other	5
06	DK/NR	9

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29: **INVOL**

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future:

01 Increase its involvement 1
02 Maintain its current involvement 2
03 Reduce its involvement 3
04 Eliminate its involvement altogether 4
05 DK/NR 9

30: **PRIOR**

The federal government will face a number of challenges as Canadians age. For each of the following areas, I'd like you to tell me whether you think the government should: SIGNIFICANTLY increase its support, increase its support, maintain support at the same level it is now, reduce support or SIGNIFICANTLY reduce support.

31: **RESPT**

MESSAGE: ...rated involvement of government

.....funding for programs to support families who are taking care of seniors in their home

01 Significantly increase support 1
02 Increase support 2
03 Maintain support at the same level as now 3
04 Reduce support 4
05 Significantly reduce support 5
06 DK/NR 9

32: **POV**

MESSAGE: ...rated involvement of government

....financial assistance for low income seniors

01 Significantly increase support 1
02 Increase support 2
03 Maintain support at the same level as now 3
04 Reduce support 4
05 Significantly reduce support 5
06 DK/NR 9

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33: **RESE**

MESSAGE: ...rated involvement of government

....research funding on the health concerns of seniors such as osteoporosis or Alzheimers disease

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

34: **AFFOR**

MESSAGE: ...rated involvement of government

....funding for seniors' housing

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

35: **ACCES**

MESSAGE: ...rated involvement of government

....funding for services such as accessible transportation or mobility aids to help seniors to get around

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

36: **INFO**

MESSAGE: ...rated involvement of government

....funding for information and promotion programs to improve the image of aging and seniors

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

37: **PENS**

MESSAGE: ...rated involvement of government

....pensions for seniors

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

38: **HOME**

MESSAGE: ...rated involvement of government

....funding for home care nursing services

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

39: **FUND**

MESSAGE: ...rated involvement of government

....funding to community-based seniors organizations

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

40: **HOUSE**

MESSAGE: ...rated involvement of government

.....household support services (help with meals, housework)

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

41: **PRE57**

Finally, I would like to ask you a few questions for statistical purposes. I remind you that all of your responses will be protected and no answers will be reported individually.

42: **SENIO**

In what year were you born?

01 DK/NR 99

43: **RETIR**

Are you currently retired?

01 Yes . . . . 1 => +2
02 No 2
03 DK/NR 9

44: **I2**

MESSAGE: SELECT ALL THAT APPLY - DO NOT READ CATEGORIES

What is your employment status right now?

01 Self-employed 01
02 Employed full-time 02
03 Employed part-time 03
04 Unemployed and looking for work 04
05 Unemployed and NOT looking for work 05
06 Student/going to school 06
07 Homemaker 07
08 Other 08
09 DK/NR 99

45: **VOL**

Do you do any volunteer work?

01 Yes 1
02 No 2
03 DK/NR 9

46: **Q59**

What is your current marital status?

01 Now married/common law 1
02 Single (i.e., never married) 2
03 Separated or divorced 3
04 Widowed 4
05 DK/NR 9

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47: **HEALT**

Overall, how would you rate your current state of health and well-being. Would you say it is excellent, very good, average, poor or extremely poor.

01	Excellent	1
02	Very good	2
03	Average	3
04	Poor	4
05	Extremely poor	5
06	DK/NR	9

48: **INDEP**

How would you rate your level of independence using the same scale?

01	Excellent	1
02	Very good	2
03	Average	3
04	Poor	4
05	Extremely poor	5
06	DK/NR	9

49: **DIS**

Are you currently limited in the type or amount of physical activity that you can do at work or leisure because of an illness, injury or disability?

01	Yes	1	
02	No	2	=> +2
03	DK/NR	9	

50: **SPECI**

MESSAGE: READ CATEGORIES

Would that be because of a.....

01	Temporary illness or injury (e.g., flu, fracture, sprain)	1
02	A long-term illness (e.g., heart disease, joint disease)	2
03	A permanent injury or handicap (e.g., paralysis, amputation)	3
04	DK/NR	9

51: Q62

What is the highest level of formal education that you have completed?

01	Primary school	01
02	Some high school	02
03	High school graduate	03
04	Some community college/CEGEP	04
05	Community college/CEGEP graduate	05
06	Some university	06
07	Undergraduate degree (e.g., B.A., B.Sc.)	07
08	Graduate or post graduate degree (e.g., M.A., M.Sc., Ph.D.)	08
09	Other (specify)	09
10	DK/NR	99

52: TEN

Do you currently rent or own your residence?

01	Own	1
02	Rent	2
03	Live with children/relative	3
04	Live in retirement home, institutional facility	4
05	Other	5
06	DK/NR	9

53: SIZE

What is the approximate size of the community in which you live?

01	Less than 10,000	1
02	10,000 to 99,999	2
03	100,000 to 1 million	3
04	1 million plus	4
05	DK/NR	9

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54: **VIS**

MESSAGE: READ CATEGORIES

Are you ...... PROMPT IF NECESSARY [...a member of a visible minority by virtue of your race or color]

01	A member of a visible minority	1
02	An aboriginal person	2
03	Neither	3
04	DK/NR	9

```
Which of the following statements best describes your current financial
situation.

I can meet my needs and still have enough money left over to do the things I
want such as travel.

I have enough money to meet my needs but have little left over for extras.

I can barely meet my needs and have nothing left over for extras.

                    @meet
                    1 - Can meet needs and have money left over
                    2 - Enough to meet needs but little left over
                    3 - Barely meet needs
                    9 - DK/NR
```

55: **MEET**

01	Extras	1
02	Little for extras	2
03	Nothing for extras	3
04	DK/NR	9

56: **HOU**

Approximately what was your total annual household income before deductions in the year ending December 31, 1995? Please include income from all sources.

01	DK/NR	999999

57: **HOUB**

=> +1 if HOU<>9 AND HOU<>99 AND HOU<>999 AND HOU<>9999 AND HOU<>99999

MESSAGE: ================ DO NOT READ

INTERVIEWER: Are you sure that the right value for the previous answer is <HOU >? Do you not mean 999999 for DK/NR?

01	Correct value, continue interview	1	=> +1
02	Error in entry, return to previous question	2	=> HOU

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58: **SEX**

MESSAGE: DO NOT READ

SEX

01	Male	1
02	Female	2

59: **THNK**

MESSAGE: End of Interview

Thank you for your cooperation and time!

01	Completion	1

60: **INT**

MESSAGE: END OF INTERVIEW elapsed:$T $D $H

ENTER COMPLETION CODE

		Elimination => 1 (NOT THNK)	
01	Completed interview	CO	=> END
02	A business	BU	=> END
03	Number Not in Service	NF	=> END
04	Incomplete interview-->call back	IC	=> CB
05	No answer/Busy/Eligible Respondent not in-> call back	NA	=> CB
06	Appointment for later time	AP	=> CB
07	Refusal	RF	=> END
08	Language Difficulty with Respondent	LN	=> END
09	Ineligible to Participate/Screened Out	IN	=> END
10	Unavailable for the Survey Duration	UN	=> END
11	Called TEN times without success	RE	=> END
12	Deceased	DE	=> END
13	To be called back by a francophone interviewer.	FR	=> CB
14	Incomplete refusal	IR	=> END

61: **CB**

MESSAGE: It is now $h Il est maintenant $H

ENTER A DATE AND TIME TO CALL THIS NUMBER BACK

62: **DUM_1**

=> END if 0==0

63: **DUM_2**

64: **DUM_3**

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65: **DUM_4**

66: **DUM_5**

67: **DUM_6**

68: **F6**
Note fields for interviewers

```
@f6
@not1
@not2
@not3
@not4
@not5
@not6
@not7
@not8
@not9
@not10
```

69: **NOT1**

70: **NOT2**

71: **NOT3**

72: **NOT4**

73: **NOT5**

74: **NOT6**

75: **NOT7**

76: **NOT8**

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77: **NOT9**

78: **NOT10**

```
@F7
NAME OF RESPONDENT:                      @FNAME            @LNAME

ADDRESS:                                 @STREE
                                         @CITY
                                         @PROV
                                         @POST
TELEPHONE NUMBER:                        @TELE

PROGRAM IN WHICH RESPONDENT
  PARTICIPATED:                          @PROG
```

79: **F7**
=> +1 if 0==0

80: **LNAME**
LAST NAME OF RESPONDENT

81: **FNAME**
fIRST NAME OF RESPONDENT

82: **STREE**
STREET ADDRESS

83: **CITY**
CITY

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84: **PROV**
PROVINCE

01	NF	NF
02	NOVA SCOTIA	NS
03	NEW BRUNSWICK	NB
04	PRINCE EDWARD ISLAND	PE
05	quebec	PQ
06	ontario	ON
07	manitoba	MB
08	saskatchewan	SK
09	ALBERTA	AB
10	BC	BC
11	Northwest Territories	NW
12	Yukon	YK

85: **POST**
POSTAL CODE

86: **TELE**
TELEPHONE NUMBER

87: **PROJ**
Imported name of project in which client participated

88: **SPON**
Imported name of project sponsor

89: **F10**
Choose among the following themes:

01	Client	1	=> F10_1
02	Confidentiality	2	=> F10_2
03	How did you get my name	3	=> F10_3
04	Study topic	4	=> F10_4
05	Prompt on why personal information asked in survey.	5	=> F10_5
06	Who to call for more information	6	=> F10_6
07	How to access info under Privacy Act	7	=> F10_7
08	What is the Division of Aging and Seniors	8	=> F10_8
09	Return to the interview	9	=> F10_9

90: **F10_1**

This evaluation study is being conducted by Ekos on behalf of the federal department, Health Canada.

01 OK, return to the help menu . . . . 1 => F10

91: **F10_2**

All information you give will be protected under the provisions of the Privacy Act. The information collected will be used for research purposes only. The report that will be written will give aggregate totals only, and no comments will be attributed to any individual. If you wish to discuss this survey you may talk to my supervisor, or to the survey coordinator at Ekos, Janice Remai at (613) 235-7215.

01 OK, return to the help menu . . . . 1 => F10

92: **F10_3**

Your name was obtained from the manager of the program/project which was selected at random for this study and this information was used to contact you. This information was released for research purposes only.

01 OK, return to the help menu . . . . 1 => F10

93: **F10_4**

This survey is part of research conducted by Health Canada. Interviews are being conducted with roughly 500 people who have participated in projects funded by the Division of Aging and Seniors . The results of the study will be used by the department to help evaluate the effectiveness of the government's programs for seniors and to improve the programs in the future.

01 OK, return to the help menu . . . . 1 => F10

94: **F10_5**

Some of the questions in this survey involve personal questions about you. The purpose of these questions is to fully understand how Canadians are affected by aging in all areas of their life. This information is protected by the Privacy Act and information reported will be given in aggregate totals only, no comments will be attributed to one individual.
INDIVIDUAL.

01 OK, return to help menu . . . . 1 => F10

95: **F10_6**

If you need more information, you may call the survey coordinator at Ekos, Janice Remai at (613) 235-7215. If you want more information about the federal government's seniors program, you may contact Health Canada at....... If you would like more information about this evaluation study you may contact Linda Ladouceur at (613) 957-3897.

01 OK, return to help menu . . . . 1 => F10

96: **F10_7**

The information you provide will be stored in Personal Information Bank no. HC-002-085-9619 should you wish to obtain information pertaining to this survey, you may submit a request under the Privacy Act or the Access to Information Act, to Health Canada, stating the specific information you would like, and the personal information bank in which it is stored. Instructions for obtaining this information are provided in the publication "Info Source" available at....

01 OK, return to help menu . . . . 1 => F10

97: **F10_8**

The Division of Aging and Seniors provides funding for programs and research to address issues around aging and seniors. The objective of the Division is the improve the health, independence and well-being of seniors in Canada.

01 OK, return to help menu . . . . 1 => F10

98: **F10_9**

TYPE "ENTER" TO CONTINUE THE INTERVIEW

APPENDIX F
Draft Instrument: Survey of General Public Clients

Survey of General Public Clients (v.2)

INTRODUCTION

Hello, may name is ___ and I work for Ekos Research Associates. We have been hired by Health Canada to conduct an evaluation of the department's aging and seniors programs. This study will gather opinions about the different programs offered by the government to assist seniors and about the priorities for the government in the future.
Your participation in this survey is completely voluntary and refusal to participate will not affect any services which you may receive from the government now or in the future. All the information you provide will be protected under the Privacy Act and you can request the report under the Access to Information Act. The interview will take about 20 minutes of your time. Is this a convenient time?
@invit (1=yes, 2=no)

1: **INVIT**

Introduction

01	Yes	1	
02	No	2	=> INT

2: **INTR3**

First, I'd like to confirm our information. According to our records, you have requested information, advice or a referral from the Aging and Seniors Division at Health Canada in the past two years. This may have been by telephone, fax, e-mail, in-person or through a written request.

01	Yes	1	
02	No	2	=> INT

3: **SENIO**

First, to help us with the interview, in what year were you born?

01	DK/NR	99

4: **CALC**

=> * *if* *96-SENIO*

Calculate age of respondent

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5: **AWAR**

How did you first hear about Health Canada's programs for aging and seniors?

01	Word of mouth (family, friends)	01	
02	Advertisement - radio, newspaper, television	02	
03	From other health or social service professionals (e.g., nurse, social worker)	03	
04	Through a seniors association or organization	04	
05	Through a publication	05	
06	Flyer or brochure	06	
07	Other	07	O
08	DK/NR	99	

6: **SERV**

What was the main reason why you contacted Health Canada's aging and seniors programs?

01	INFORMATION about other government programs dealing with seniors (e.g., pensions, health services)	01	
02	INFORMATION about a specific issue (e.g., osteoporosis, mobility aids)	02	
03	INFORMATION about receiving/applying for funding under a particular program	03	
04	RESEARCH, publications on seniors issues	04	
05	REFERRAL to another service or government program	05	
06	REFERRAL to another Health Canada program	06	
07	SPECIALIZED ADVICE on a specific issue	07	
08	REFERRED BY another organization	08	
09	Other	09	O
10	DK/NR	99	

7: **TOPIC**

On what subject were you interested in obtaining information, advice or referral?

01	Health, healthy aging	01	
02	Social support services (social activities, seniors' groups)	02	
03	Household support services (e.g., services for yard work, household chores)	03	
04	Financial, economic issues (pension, old age security)	04	
05	Housing	05	
06	Mobility, accessibility	06	
07	Crime	07	
08	Employment (e.g., mandatory retirement legislation, older worker issues)	08	
09	Other	09	O
10	DK/NR	99	

8: **ORG**

Did you contact Health Canada for yourself, on behalf of an organization or on behalf or another person?

01	For myself	1
02	On behalf of organization	2
03	On behalf of another person	3
04	DK/NR	9

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9: **RESUL**

Did your contact with the program meet your expectations?

01	Yes	1
02	No	2
03	DK/NR	9

10: **SATIS**

How would you rate the information and service that you received from the aging and seniors program at Health Canada? For each of the following, would you say you are extremely satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied or extremely dissatisfied.

11: **COURT**

MESSAGE: How would you rate your satisfaction in the area of....

COURTESY OF THE STAFF WHO ASSISTED YOU

01	Extremely satisfied	1
02	Satisfied	2
03	Neither satisfied nor dissatisfied	3
04	Dissatisfied	4
05	Extremely dissatisfied	5
06	Not applicable, no direct contact with staff	8
07	DK/NR	9

12: **PROMP**

MESSAGE: How would you rate your satisfaction in the area of....

PROMPTNESS IN RECEIVING THE MATERIAL YOU REQUESTED

01	Extremely satisfied	1
02	Satisfied	2
03	Neither satisfied nor dissatisfied	3
04	Dissatisfied	4
05	Extremely dissatisfied	5
06	DK/NR	9

13: **UNDER**

MESSAGE: How would you rate your satisfaction in the area of....

UNDERSTANDING OF YOUR REQUEST/PROBLEM

01	Extremely satisfied	1
02	Satisfied	2
03	Neither satisfied nor dissatisfied	3
04	Dissatisfied	4
05	Extremely dissatisfied	5
06	DK/NR	9

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14: DELIV

MESSAGE: How would you rate your satisfaction in the area of....

ABILITY TO ACTUALLY DELIVER ON YOUR REQUEST

01	Extremely satisfied	1
02	Satisfied	2
03	Neither satisfied nor dissatisfied	3
04	Dissatisfied	4
05	Extremely dissatisfied	5
06	DK/NR	9

15: RELE

MESSAGE: How would you rate your satisfaction in the area of....

THE RELEVANCE OF THE INFORMATION OR ADVICE YOU RECEIVED

01	Extremely satisfied	1
02	Satisfied	2
03	Neither satisfied nor dissatisfied	3
04	Dissatisfied	4
05	Extremely dissatisfied	5
06	DK/NR	9

16: CLAR

MESSAGE: How would you rate your satisfaction in the area of....

CLARITY OF THE INFORMATION/ ADVICE (HOW EASY IT WAS TO UNDERSTAND)

01	Extremely satisfied	1
02	Satisfied	2
03	Neither satisfied nor dissatisfied	3
04	Dissatisfied	4
05	Extremely dissatisfied	5
06	DK/NR	9

17: USE

MESSAGE: How would you rate your satisfaction in the area of....

USEFULNESS OF THE INFORMATION OR ADVICE YOU RECEIVED

01	Extremely satisfied	1
02	Satisfied	2
03	Neither satisfied nor dissatisfied	3
04	Dissatisfied	4
05	Extremely dissatisfied	5
06	DK/NR	9

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18: **OVERL**

Using the same scale, how satisfied were you OVERALL with the information and service you received from the aging and seniors programs at Health Canada?

01	Extremely satisfied	1	
02	Satisfied	2	
03	Neither satisfied nor dissatisfied	3	
04	Dissatisfied	4	
05	Extremely dissatisfied	5	
06	DK/NR	9	

19: **REAS**

=> +1 if ***OVERL=#3-#5***

What was the main reason you were extremely satisfied/dissatisfied?

01	Response	01	O
02	DK/NR	99	

20: **ALTEN**

Do you think you could have received the same type of information or advice from some other group or agency?

01	Yes	1	
02	No	2	
03	DK/NR	9	

21: **IMPAC**

=> +1 if ***CALC<65***

MESSAGE: READ CATEGORIES, CHOOSE ALL THAT APPLY

What was the IMPACT of the information, advice or referral you received through the aging and seniors program at Health Canada? Did you....

01	Pass on the information you received to any other individuals or organizations	01	
02	Follow-up on a referral you received	02	
03	Submit an application for funding under another program	03	
04	Improve your knowledge in a particular area	04	
05	Establish a formal partnership or relationship with another organization	05	
06	None of the above	06	X
07	DK/NR	99	

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22: IMPA2

=> +1 if CALC>64

MESSAGE: CHOOSE ALL THAT APPLY

What was the IMPACT of the information, advice or referral you received through the aging and seniors program at Health Canada? Did you....

01	Distribute the information or research you received to other colleagues/institutions	01	
02	Make additional contacts or networks in your field	02	
03	Incorporate the information or research you received into your own work	03	
04	Follow-up on a referral you received	04	
05	Submit an application for funding under a program	05	
06	Improve your knowledge in a particular area	06	
07	Change the way you deliver your service/program	07	
08	Establish a formal partnership or relationship with another organization	08	
09	None of the above	08	X
10	DK/NR	99	

23: IMPA3

Were there any other IMPACTS of the information, advice or referral you received from the aging and seniors program at Health Canada?

01	Response	01	O
02	No other impacts	98	
03	DK/NR	99	

24: HEATH

=> NEED2 if CALC<65

There are many different types of benefits of seniors' programs. I'd like you to tell me whether the information or advice your received had any of the following benefits for you.

25: HEA1

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did this information or advice help you: to maintain or improve your overall physical health. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

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26: **HEA2**

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did this information or advice help you to: cope with the stress in your life. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

27: **HEA3**

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did this information or advice help you to: meet people or to keep in touch with friends and family. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

28: **HEA4**

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did this information or advice help you to: remain living where you want to live. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

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29: **HEA5**

MESSAGE: READ CATEGORIES-IF RESPONDENT SAYS NOT APPLICABLE,CODE AS "NOT AT ALL"

To what extent did this information or advice help you to: keep active in the leisure activities you enjoy. Would you say....

01	Not at all	1
02	A little	2
03	Somewhat	3
04	Quite a bit	4
05	A great deal	5
06	DK/NR	9

30: **NEEDS**

There are many different kinds of programs and services that people may require as they get older. How much would YOU personally need the following types of seniors' programs or services now or in the near future. Please use a scale, indicating whether, for you, these services would be: not needed at all, needed a little, needed somewhat, needed quite a bit or needed a great deal.

31: **NEED2**

=> +1 if CALC>64

There are many different kinds of programs and services that people may require as they get older. How much do you think the following types of programs or services are needed by seniors. Please use a scale, indicating whether, for you, these services would be: not needed at all, needed a little, needed somewhat, needed quite a bit or needed a great deal.

32: **SEC**

MESSAGE: ...rated level of need for programs and services

...a financial assistance program

01	Not needed at all	1
02	Needed a little	2
03	Needed somewhat	3
04	Needed quite a bit	4
05	Needed a great deal	5
06	DK/NR	9

33: **SUPP**

MESSAGE: ...rated level of need for programs and services

....household support services (e.g., assistance with housework, repairs, yard work)

01	Not needed at all	1
02	Needed a little	2
03	Needed somewhat	3
04	Needed quite a bit	4
05	Needed a great deal	5
06	DK/NR	9

34: **HOUS**

MESSAGE: ...rated level of need for programs and services

....housing for seniors

01	Not needed at all	1
02	Needed a little	2
03	Needed somewhat	3
04	Needed quite a bit	4
05	Needed a great deal	5
06	DK/NR	9

35: **HEAL**

MESSAGE: ...rated level of need for programs and services

....health care coverage for seniors (e.g., out-of-province, prescription drugs)

01	Not needed at all	1
02	Needed a little	2
03	Needed somewhat	3
04	Needed quite a bit	4
05	Needed a great deal	5
06	DK/NR	9

36: **MOB**

MESSAGE: ...rated level of need for programs and services

.....services to help seniors get around (e.g., transportation, accessible facilities)

01	Not needed at all	1
02	Needed a little	2
03	Needed somewhat	3
04	Needed quite a bit	4
05	Needed a great deal	5
06	DK/NR	9

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37: **SOC**

MESSAGE: ...rated level of need for programs and services

....programs or services to help seniors meet other people

01	Not needed at all	1
02	Needed a little	2
03	Needed somewhat	3
04	Needed quite a bit	4
05	Needed a great deal	5
06	DK/NR	9

38: **LONG**

MESSAGE: ...rated level of need for programs and services

.....a longer term care facility

01	Not needed at all	1
02	Needed a little	2
03	Needed somewhat	3
04	Needed quite a bit	4
05	Needed a great deal	5
06	DK/NR	9

39: **HOMEC**

MESSAGE: ...rated level of need for programs and services

.....home care nursing services

01	Not needed at all	1
02	Needed a little	2
03	Needed somewhat	3
04	Needed quite a bit	4
05	Needed a great deal	5
06	DK/NR	9

40: **AIDS**

MESSAGE: ...rated level of need for programs and services

....mobility aids such as walkers or wheelchairs

01	Not needed at all	1
02	Needed a little	2
03	Needed somewhat	3
04	Needed quite a bit	4
05	Needed a great deal	5
06	DK/NR	9

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41: **OTHNE**

Are there any other needs you can think of that I haven't mentioned?

01	Response	01	O
02	No other needs mentioned	98	
03	DK/NR	99	

42: **BARR1**

=> +1 if *CALC<65*

What do you think is the biggest barrier to your independence and well-being?

01	Lack of financial security/income or pension low	01	
02	Lack of household support services (help with chores)	02	
03	Lack of affordable housing	03	
04	Lack of accessible housing	04	
05	Lack of extended family	05	
06	Lack of health care coverage	06	
07	Lack of accessible transportation	07	
08	Lack of social relationships/loneliness/isolation	08	
09	Lack of mobility aids	09	
10	Fear of crime	10	
11	Other	11	O
12	DK/NR	99	

43: **BARR2**

=> +1 if *CALC>64*

What do you think is the most important barrier to seniors' independence and well-being?

01	Lack of economic security/financial issues/poor income/pension	01	
02	Lack of household support services (help with chores)	02	
03	Lack of affordable housing	03	
04	Lack of accessible housing	04	
05	Lack of extended family	05	
06	Lack of health care coverage	06	
07	Lack of accessibility/transportation	07	
08	Lack of support/loneliness/isolation/lack of relationships	08	
09	Lack of mobility aids	09	
10	Other	10	O
11	DK/NR	99	

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44: **RESP**

In the area of aging and seniors issues overall, who do you think should have primary responsibility. Should it be...

Rotation => 4

01	Federal government	1	
02	Provincial government	2	
03	Local government	3	
04	Non-profit or voluntary organizations	4	
05	Other	5	O
06	DK/NR	9	

45: **INVOL**

Overall, in the area of aging and seniors issues, what would you like to see the federal government do in the future:

Rotation => 4

01	Increase its involvement	1
02	Maintain its current involvement	2
03	Reduce its involvement	3
04	Eliminate its involvement altogether	4
05	DK/NR	9

46: **PRIOR**

The federal government will face a number of challenges as Canadians age. For each of the following areas, I'd like you to tell me whether you think the government should: significantly increase its support, increase its support, maintain support at the same level it is now, reduce support or significantly reduce support.

47: **RESPT**

MESSAGE: ...rated involvement of government

.....funding programs to support families who are taking care of seniors in their home

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

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48: POV

MESSAGE: ...rated involvement of government

....financial assistance for low income seniors

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

49: RESE

MESSAGE: ...rated involvement of government

....research funding on the health concerns of seniors such as osteoporosis or Alzheimers disease

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

50: AFFOR

MESSAGE: ...rated involvement of government

....funding for seniors' housing

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

51: ACCES

MESSAGE: ...rated involvement of government

....funding for services such as accessible transportation or mobility aids to help seniors to get around better

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

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52: INFO

MESSAGE: ...rated involvement of government

....funding for information and promotion programs to improve the image of aging and seniors

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

53: PENS

MESSAGE: ...rated involvement of government

....pensions for seniors

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

54: HOME

MESSAGE: ...rated involvement of government

....home care nursing services

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

55: FUND

MESSAGE: ...rated involvement of government

....funding to community-based seniors organizations

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

56: **HOUSE**

MESSAGE: ...rated involvement of government

.....household support services (e.g., meals, housework)

01	Significantly increase support	1
02	Increase support	2
03	Maintain support at the same level as now	3
04	Reduce support	4
05	Significantly reduce support	5
06	DK/NR	9

57: **PRE57**

Finally, I would like to ask you a few questions for statistical purposes. I remind you that all of your responses will be protected and no answers will be reported individually.

58: **RETIR**

=> Q23A if CALC<65

Are you currently retired?

01	Yes	1	=> +2
02	No	2	
03	DK/NR	9	

59: **I2**

MESSAGE: SELECT ALL THAT APPLY - DO NOT READ CATEGORIES

What is your employment status right now?

01	Self-employed	01	
02	Employed full-time	02	
03	Employed part-time	03	
04	Unemployed and looking for work	04	
05	Unemployed and NOT looking for work	05	
06	Student/going to school	06	
07	Homemaker	07	
08	Other	08	O
09	DK/NR	99	

60: **VOL**

Do you do any volunteer work?

01	Yes	1
02	No	2
03	DK/NR	9

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61: **Q59**

What is your current marital status?

01	Now married/common law	1
02	Single (i.e., never married)	2
03	Separated or divorced	3
04	Widowed	4
05	DK/NR	9

62: **HEALT**

Overall, how would you rate your current state of health and well-being. Would you say it is excellent, very good, average, poor or extremely poor.

01	Excellent	1
02	Very good	2
03	Average	3
04	Poor	4
05	Extremely poor	5
06	DK/NR	9

63: **INDEP**

How would you rate your level of independence using the same scale?

01	Excellent	1
02	Very good	2
03	Average	3
04	Poor	4
05	Extremely poor	5
06	DK/NR	9

64: **DIS**

Are you currently limited in the type or amount of physical activity that you can do at work or leisure because of an illness, injury or disability?

01	Yes	1	
02	No	2	=> +2
03	DK/NR	9	

65: **SPECI**

MESSAGE: READ CATEGORIES

Would that be because of a.....

01	Temporary illness or injury (e.g., flu, fracture, sprain)	1
02	A long-term illness (e.g., heart disease, joint disease)	2
03	A permanent injury or handicap (e.g., paralysis, amputation)	3
04	DK/NR	9

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66: **Q62**

What is the highest level of formal education that you have completed?

01	Primary school	01	
02	Some high school	02	
03	High school graduate	03	
04	Some community college/CEGEP	04	
05	Community college/CEGEP graduate	05	
06	Some university	06	
07	Undergraduate degree (e.g., B.A., B.Sc.)	07	
08	Graduate or post graduate degree (e.g., M.A., M.Sc., Ph.D.)	08	
09	Other (specify)	09	O
10	DK/NR	99	

67: **TEN**

Do you currently rent or own your residence?

01	Own	1	
02	Rent	2	
03	Live with children/relative	3	
04	Live in retirement home, institutional facility	4	
05	Other	5	O
06	DK/NR	9	

68: **SIZE**

What is the approximate size of the community in which you live?

01	Less than 10,000	1
02	10,000 to 99,999	2
03	100,000 to 1 million	3
04	1 million plus	4
05	DK/NR	9

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69: **VIS**

MESSAGE: READ CATEGORIES

Are you ...... PROMPT IF NECESSARY [...a member of a visible minority by virtue of your race or color]

01	A member of a visible minority	1
02	An aboriginal person	2
03	Neither	3
04	DK/NR	9

Which of the following statements best describes your current financial situation.

I can meet my needs and still have enough money left over to do the things I want such as travel.

I have enough money to meet my needs but have little left over for extras.

I can barely meet my needs and have nothing left over for extras.

```
@meet
1 - Can meet needs and have money left over
2 - Enough to meet needs but little left over
3 - Barely meet needs
9 - DK/NR
```

70: **MEET**

01	Extras	1
02	Little for extras	2
03	Nothing for extras	3
04	DK/NR	9

71: **HOU**

Approximately what was your total annual household income before deductions in the year ending December 31, 1995? Please include income from all sources.

01	DK/NR	999999

72: **HOUB**

=> +1 if ***HOU<>9 AND HOU<>99 AND HOU<>999 AND HOU<>9999 AND HOU<>99999***

MESSAGE: ================ DO NOT READ

INTERVIEWER: Are you sure that the right value for the previous answer is <HOU >? Do you not mean 999999 for DK/NR?

01	Correct value, continue interview	1	=> +1
02	Error in entry, return to previous question	2	=> HOU

73: **Q23A**

=> SEX if ORG=#1,#3

Does your organization deal primarily with seniors' issues?

01	Yes	1	
02	No	2	
03	DK/NR	9	

74: **Q23B**

What type of organization is this?

01	Direct service provider - health care	1	
02	Direct service provider - non-health care	2	
03	Research institute, university	3	
04	Government	4	
05	Community-based seniors organization	5	
06	Other (specify)	6	O
07	DK/NR	9	

75: **Q23**

How large is your organization?

01	Less than 10 people	1	
02	10 to 99 people	2	
03	100 or more people	3	
04	DK/NR	9	

76: **POS**

What is your position in your organization?

01	Manager, director	01	
02	Nurse, practitioner, social worker	02	
03	Member of board of directors	03	
04	Volunteer caregiver	04	
05	Other (specify)	05	O
06	DK/NR	99	

77: **Q24**

MESSAGE: ENTER NUMBER and THEN ENTER either the MONTHS OR YEARS code.

Approximately how long have you been with this organization?

01	Months	U1	U
02	Years	U2	U
03	DK/NR	99	X

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78: **SEX**

MESSAGE: DO NOT READ

SEX

01	Male	1
02	Female	2

79: **THNK**

MESSAGE: End of Interview

Thank you for your cooperation and time!

01	Completion	1	D

80: **INT**

MESSAGE: END OF INTERVIEW elapsed:$T $D $H

ENTER COMPLETION CODE

		Elimination => 1 (NOT THNK)		
01	Completed interview	CO		=> END
02	A business	BU		=> END
03	Number Not in Service	NF		=> END
04	Incomplete interview–>call back	IC	R	=> CB
05	No answer/Busy/Eligible Respondent not in-> call back	NA	R	=> CB
06	Appointment for later time	AP	R	=> CB
07	Refusal	RF		=> END
08	Language Difficulty with Respondent	LN		=> END
09	Ineligible to Participate/Screened Out	IN		=> END
10	Unavailable for the Survey Duration	UN		=> END
11	Called TEN times without success	RE		=> END
12	Deceased	DE		=> END
13	To be called back by a francophone interviewer.	FR		=> CB
14	Incomplete refusal	IR		=> END

81: **CB**

MESSAGE: It is now $h Il est maintenant $H

ENTER A DATE AND TIME TO CALL THIS NUMBER BACK

82: **DUM_1**

=> END if   0==0

83: **DUM_2**

84: **DUM_3**

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85: **DUM_4**

86: **DUM_5**

87: **DUM_6**

88: **F6**
Note fields for interviewers

```
@f6
@not1
@not2
@not3
@not4
@not5
@not6
@not7
@not8
@not9
@not10
```

89: **NOT1**

90: **NOT2**

91: **NOT3**

92: **NOT4**

93: **NOT5**

94: **NOT6**

95: **NOT7**

96: **NOT8**

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97: **NOT9**

98: **NOT10**

```
@F7
NAME OF RESPONDENT:                @FNAME            @LNAME

ADDRESS:                           @STREE
                                   @CITY
                                   @PROV
                                   @POST
TELEPHONE NUMBER:                  @TELE

PROGRAM IN WHICH RESPONDENT
  PARTICIPATED:                    @PROG
```

99: **F7**
=> +1 if 0==0

100: **LNAME**
LAST NAME OF RESPONDENT

101: **FNAME**
fIRST NAME OF RESPONDENT

102: **STREE**
STREET ADDRESS

103: **CITY**
CITY

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104: PROV

PROVINCE

01	NF	NF
02	NOVA SCOTIA	NS
03	NEW BRUNSWICK	NB
04	PRINCE EDWARD ISLAND	PE
05	quebec	PQ
06	ontario	ON
07	manitoba	MB
08	saskatchewan	SK
09	ALBERTA	AB
10	BC	BC
11	Northwest Territories	NW
12	Yukon	YK

105: POST

POSTAL CODE

106: TELE

TELEPHONE NUMBER

107: PROG

Program in which client participated

108: F10

Choose among the following themes:

01	Client	1	=> F10_1
02	Confidentiality	2	=> F10_2
03	How did you get my name	3	=> F10_3
04	Study topic	4	=> F10_4
05	Prompt on why personal information asked in survey.	5	=> F10_5
06	Who to call for more information	6	=> F10_6
07	How to access info under Privacy Act	7	=> F10_7
08	What is the Division of Aging and Seniors	8	=> F10_8
09	Return to the interview	9	=> F10_9

109: F10_1

This evaluation study is being conducted by Ekos on behalf of the federal department, Health Canada.

01	OK, return to the help menu	1	D	=> F10

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110: **F10_2**

All information you give will be protected under the provisions of the Privacy Act. The information collected will be used for research purposes only. The report that will be written will give aggregate totals only, and no comments will be attributed to any individual. If you wish to discuss this survey you may talk to my supervisor, or to the survey coordinator at Ekos, Janice Remai at (613) 235-7215.

01 OK, return to the help menu . . . . 1 D => F10

111: **F10_3**

Your name was obtained from a list of clients of the Division of Aging and Seniors at Health Canada. Your name was selected at random for this study and this information was used to contact you. This information was released for research purposes only.

01 OK, return to the help menu . . . . 1 D => F10

112: **F10_4**

This survey is part of research conducted by Health Canada. Interviews are being conducted with almost 300 people who have contacted or received services through the Division of Aging and Seniors. The results of the study will be used by the department to help evaluate the effectiveness of the government's programs for seniors and to improve the programs in the future.

01 OK, return to the help menu . . . . 1 D => F10

113: **F10_5**

Some of the questions in this survey involve personal questions about you.The purpose of these questions is to fully understand how Canadians are affected by aging in all areas of their life. This information is protected by the Privacy Act and information reported will be given in aggregate totals only, no comments will be attributed to one individual.

INDIVIDUAL.

01 OK, return to help menu . . . . 1 D => F10

114: **F10_6**

If you need more information, you may call the survey coordinator at Ekos, Janice Remai at (613) 235-7215. If you want more information about the federal government's seniors program, you may contact Health Canada at....... If you would like more information about this evaluation study, you may call Linda Ladouceur at (613) 957-3897.

01 OK, return to help menu . . . . 1 D => F10

115: **F10_7**

The information you provide will be stored in Personal Information Bank no. HC-002-085-9619. Should you wish to obtain information pertaining to this survey, you may submit a request under the Privacy Act or the Access to Information Act, to Health Canada, stating the specific information you would like, and the personal information bank in which it is stored. Instructions for obtaining this information are provided in the publication "Info Source" available at..

01	OK, return to help menu	1	D	=> F10

116: **F10_8**

The Division of Aging and Seniors provides funding for programs and research to address issues around aging and seniors. The objective of the Division is the improve the health, independence and well-being of seniors in Canada.

01	OK, return to help menu	1	D	=> F10

117: **F10_9**

TYPE "ENTER" TO CONTINUE THE INTERVIEW

APPENDIX G
Draft Items for *Rethinking Government*

Draft Items for *Rethinking Government*[1]

1. **Thinking specifically about seniors in Canada today, which one of the following needs would you say is the most pressing among seniors in Canada today?**

   a. Financial security
   b. Health care coverage
   c. Housing
   d. Social support services
   e. Household support services (e.g., assistance with housework, repairs, yard work)
   f. Other (only if volunteered by respondent) ______________

2. **Which one of the following barriers would you say is the most serious barrier to the independence of seniors in Canada today?**

   a. Poverty
   b. Poor health
   c. Personal security
   d. Lack of household support services
   e. Lack of appropriate housing
   f. Other (only if volunteered by respondent) ______________

3. **Now thinking specifically about the situation of seniors in Canada today, which one of the following conditions would you say is in the most urgent need of government action?**

   a. Poverty
   b. Housing
   c. Health concerns primarily of seniors (e.g., osteoporosis, Alzheimers)
   d. Elder care and respite care
   e. Other (only if volunteered by respondent) ______________

---

[1] While feedback is certainly desired on these items, readers should also consider whether an item(s) from the survey of beneficiaries should be replicated here in place of the above.

APPENDIX H
Draft Questionnaire for Expert Panel

Draft Questionnaire for Expert Panel

The overall strategic objectives of the Division of Aging and Seniors/ Seniors Strategy (DAS/S) are: to improve and preserve the health, independence and well-being of seniors in Canada; to increase society's understanding and acceptance of aging and seniors; and to eliminate barriers to the involvement and participation of seniors in society. The evaluation of the DAS/S involved: a review of files and literature; interviews with federal and provincial/territorial government officials, funding recipients and stakeholders; and surveys of beneficiaries and the general public (including both DAS/S clients and non-clients). The attached Draft Final Report provides details of the evaluation issues, methodology and draft findings.

The purpose of this questionnaire is to obtain your expert opinion on the relevance and accomplishments of the DAS/S, and on alternatives to the current DAS/S programs *based on your review of the study findings*. We also welcome your suggestions regarding future directions for the DAS/S as well as your critical comments on our Draft Final Report. Please note that this draft document is not for distribution or release. We would therefore ask you *not* to copy this report and to return it to us once you have completed the questionnaire. We will send you a copy of the Final Report when it has been approved.

We are aware that some of the questions we are asking may extend into areas which you feel are beyond your area of expertise. While we are still interested in hearing your perspective, we would also like to know your level of confidence in responding to each. Therefore, **please also provide a rating of the level of confidence you feel in your response** by indicating in the space provided following each question a rating ranging from 1 (*not at all confident, completely outside my area of expertise*) to 7 (*extremely confident, this is my area of expertise*).

I. Program Relevance

1.a. Based on your own point of view, do you feel there is a continuing need for initiatives which enhance the health, independence and well-being of seniors? Why or why not? If yes, for which areas or groups of seniors is the need greatest? (Confidence = _____)

b. Based on the evidence gathered in this evaluation, would you conclude that there is a continuing need for initiatives which enhance the health, independence and well-being of seniors? Why or why not? If yes, for which areas or groups of seniors is the need greatest? If not, what would be more relevant objectives for the DAS/S (if such a program is still necessary)? (Confidence = _____)

c. In your view, are the needs identified in the evaluation report in fact the most pressing needs of seniors? Why or why not? (Confidence = ______)

2. Is the DAS/S necessary for ensuring that seniors, including those at risk are targeted for programming or are there other programs/initiatives that are addressing these needs? Is there duplication? If yes, where/what programs? (Confidence = ______)

3.a. Does the role of Health Canada and the federal government in promoting the health, independence and well-being of seniors continue to be relevant? Why or why not? (Confidence = ______)

b. Based on your review of the study findings, what do you see as the appropriate *federal* role in addressing issues related to seniors and aging? Given the current fiscal environment, where do you think the priority should be placed for action by the *federal* government? In other words, what conditions faced specifically by seniors could be significantly improved by federal government action? (Confidence = ______)

II. Program Accomplishments

4. Given the impacts and effects noted in the findings, do you think the DAS/S has been beneficial for the health, independence and well-being of seniors, including those living in situations of risk? What leads you to hold this view? Would any benefits have been achieved if there were no DAS/S? (Confidence = ______)

5. Based on your review of the evaluation findings, to what extent has the DAS/S been effective in meeting the high priority needs of seniors and an aging society? (Confidence = ______)

6. To what degree has the DAS/S increased the knowledge of and number of useful resources available for seniors and an aging society? (Confidence = ______)

7. Has the DAS/S successfully developed collaborative partnerships? Are any improvements needed in the area of partnerships? (Confidence = ______)

8. To what extent has Seniors Community Programs Funding been effective in: (a) increasing partnership opportunities; (b) supporting the development of innovative programming; (c) addressing the high priority needs of seniors at risk; and (d) enhancing seniors' health, independence and well-being? (Confidence = ______)

9. Do there appear to be gaps in activities or issues left unaddressed by the DAS/S? What are the emerging issues with respect to the health, independence and well-being of Canada's seniors? Should they be addressed by the DAS/S? If yes, how? If not, by whom? (Confidence = _____)

III. Alternatives

10.a. Based on your review of the study findings, and in light of the top priority needs for seniors/aging as well as diminishing federal resources, do you believe there are more cost-effective approaches/mechanisms for delivering the programs under the DAS/S or meeting the DAS/S objectives? What are they? Are you aware of any other evidence to support these approaches/mechanisms? (Confidence = _____)

b. What structures (e.g., for coordination of the respective roles of different levels of government and delivery agents) would be most appropriate and cost-effective to support these approaches/mechanisms? On what do you base your response? (Confidence = _____)

IV. Study Conclusions

11. In general, and based on the study findings, do you agree with the conclusions of the evaluation? Why or why not? Are there additional conclusions you would draw from the evidence presented in the report? What recommendations would you make?

12. Do you have any other comments you would like to add?

THANK YOU FOR YOUR COOPERATION.

APPENDIX I
Evaluation Schedule

DAS/S Evaluation Schedule

Task	Guides Approved and Lists of Names Received	Data Collection and Analysis	Internal Reporting	Report to Client	Presentation	Feedback from Client	Revision of Document
Workplan	---	---	May 16	May 17	June 4	June 4	June 18
File Review/Database Review	June 10	June 17 to July 20	July 22	July 26	July 30	Aug. 16	Aug. 30
Literature Review	June 14	June 17 to July 20	July 22	July 26	July 30	Aug. 16	Aug. 30
Key Informant Interviews	June 14	June 17 to Aug. 30	Sept. 9	Sept. 13	Sept. 17	Sept. 27	Oct. 11
Survey of Beneficiaries	June 28	July 2 to Aug. 30	Sept. 9	Sept. 13	Sept. 17	Sept. 27	Oct. 11
Survey of General Public Clients	June 28	July 2 to Aug. 30	Sept. 9	Sept. 13	Sept. 17	Sept. 27	Oct. 11
Rethinking Government	July 30	August ?	?	?	?	?	?
First Draft Final Report	---	---	Oct. 4	Oct. 18	Oct. 22	Nov. 1	---
Expert Panel	June 28	July 2 to Nov. 15	Nov. 22	Nov. 29	---	Dec. 6	---
Second Draft Final Report	---	---	Nov. 22	Nov. 29	Dec. 3	Dec. 6	---
Final Report	---	---	Dec. 11	Dec. 13	---	---	---

June 18, 1996